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ABSTRACT

Recognizing that families have played an essential role in the Head Start philosophy since the program's inception, the Head Start Family and Child Experiences Survey (FACES) is an effort to develop a descriptive profile of families participating in the Head Start program and services, as well as to develop, test, and refine Program Performance Measures for Head Start. The findings in this technical report focus on descriptions of the characteristics and experiences of children and families served by Head Start grantees and information about programs and staff. Participating in FACES were staff and families in 40 programs randomly selected from the 1,734 programs operating during 1995-1996. The report is organized into six sections: (1) introduction to the study; (2) information about families and children drawn from interviews with Head Start parents; (3) information about staff and program activities drawn from interviews with Head Start staff; (4) findings from case studies of 120 Head Start families selected from the larger sample; (5) findings of the community agency substudy drawn from interviews with community agency administrators; and (6) discussion of study findings drawn across the entire array of data sources. Across the variety of data sources, the findings lead to the following conclusions: (1) Head Start families are diverse; (2) Head Start families are

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like other families; (3) Head Start families face multiple challenges and possess strengths to address these challenges; (4) Head Start families are active with their children as well as with Head Start; (5) parent involvement with children is important; (6) families benefit from program involvement; and (7) families were very satisfied with Head Start. (Contains 51 references.) (KB)

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Head Start
FACES
family and child experiences survey

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This report is dedicated to the memory of

Helen Hollingshed Taylor
Associate Commissioner of Head Start
1994-2000

A Descriptive Study of Head Start Families:
FACES Technical Report I

January 2002

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EXECUTIVE SUMMARY

> ***"[I am] very satisfied they are meeting his needs and goals. I am pleased with the way it's handled him and that he is well cared for. He gets to see his friends. He loves to go to school and that is important to me. Because I trust them, I can have a job."***
>
> **— Head Start Parent**

Since the inception of the program in 1965, families have played an essential role in the Head Start philosophy. The Head Start Family and Child Experiences Survey (FACES) is an effort by the Administration on Children, Youth, and Families (ACYF), in the Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS), to develop a descriptive profile of families participating in the Head Start program and services that are provided to families, as well as to develop, test, and refine Program Performance Measures for Head Start. The findings in this technical report are focused on providing descriptions of the characteristics and experiences, including Head Start experiences, of children and families served by Head Start grantees as well as information about programs and staff. Findings related to the child assessments and classroom observations will be included in the *FACES Technical Report II*.

Head Start FACES was designed to provide a comprehensive overview of the Head Start program from a variety of perspectives. The project assessed Head Start's role in enhancing child development and school readiness, in strengthening families, and in providing quality family services in the areas of education, health, and nutrition. A conceptual model was proposed to guide and inform the project design, theorizing that Head Start programs serve a population of families with diverse characteristics, strengths, and needs.

The starting point of the model is the *Family Context*, which includes all aspects of a child's developmental context, including ethnicity, parent education, parent employment, housing, family health status, and exposure to crime and violence. The second component of the model, *Head Start Experiences,* is defined by program activities that are designed to promote immediate, short-term, and long-term goals in children and families. For children, these experiences include preschool education, health, and nutrition services. For parents, the activities involve opportunities for participation in policy and program decisions, as well as involvement with children in the classroom and in the home, parent education, the promotion of family self-sufficiency, and facilitating access to needed community services.

The *Immediate Goals* are the objectives assessed by the Head Start Program Performance Measures. While these objectives primarily include promoting children's school readiness, they also include several goals related to parents and families, such as helping families move towards economic and social self-sufficiency. Immediate goals lead logically to the subsequent achievement of *Short-Term Goals,* such as the successful transition of children into kindergarten and the further achievement of family self-sufficiency through productive employment and involvement with the community. The scope of the current study precludes the assessment of *Long-Term Goals*, which encompass the continued educational and developmental success of the children, parents' positive involvement in their children's activities, and long-term self-sufficiency for families.

Study Design

The 40 programs participating in FACES were randomly selected from a universe of 1,734 Head Start programs that operated during the 1995-96 program year in the 50 States, Puerto Rico, and the Territories of the United States. This universe did not contain those programs that were designated as American Indian or Migrant programs. The available Head Start programs served approximately 785,000 ethnically diverse children aged 3 and older. The universe of programs was stratified on the basis of three variables: Census Region (Northeast, Midwest, South, and West), urbanicity (whether the zip code associated with the program address was located inside an urbanized area versus located outside an urbanized area), and the percentage of minority children in a program (greater than or equal to 50% minority enrollment versus less than 50% minority enrollment).

The design of FACES included six rounds of data collection. During **spring 1997**, a field test of the data collection procedures and instruments was conducted with a nationally representative, random sample of 2,400 families from approximately 160 centers in 40 Head Start programs. The first full-scale data collection took place in the fall of 1997 at the same 40 programs. A total of 3,600 families were selected for participation, including about 30% of the families who participated in the field test. The remaining families were randomly selected from among those with children entering Head Start for the first time in fall 1997.

In **fall 1997**, and subsequently in **spring 1998** and **spring 1999**, data collection teams conducted visits to each program. During these visits, the research team completed individual interviews with staff and parents, child and classroom observations, direct child assessments, and indirect assessments of children by teachers and parents. Although the Head Start-based data collection was completed in spring 1999, the kindergarten and first-grade follow-up data collections were continued during **spring 2000** and **spring 2001.**

In order to supplement the findings from the main FACES study, a subgroup of 120 families was identified for participation in the FACES case study. The case study data collection required home visits to participating families at each major data collection point plus a series of monthly contacts between data collection periods. All families in the case study were followed through December 1998.

A related substudy of community agencies used a subset of 10 of the 40 FACES programs for a systematic investigation to learn more about partnerships between Head Start and other community service providers. The ten programs, stratified on geography, rural and urban status, and minority membership, provided lists of the community service providers with which they had relationships or to whom they referred families. From each program's list of community agencies, 20 agencies (per program) were selected for telephone interviews, for a total of 200 telephone interviews with community providers overall.

Instruments

Parent Interviews

The parent interview was designed to collect the up-to-date information about current Head Start families, while being sensitive to differences based on the background of the respondents. The interview provided descriptive information about the parents (education, work status, health, nativity, depression, social support, use of discipline and rules, exposure to violence), the household (income, housing, activities with children, use of child care), and the children (gender, ethnicity, health, behavior, literacy skills, disabilities, exposure to violence). In addition, parents reported how their families came to Head Start, and how they perceived their Head Start experiences.

Staff Interviews

The research team developed interview instruments for a variety of Head Start staff, including Center Directors, Component Coordinators, Classroom Teachers, Family Service Workers and Home Visitors. The staff interviews were designed to provide a profile of the background, qualifications, and training of Head Start personnel as well as an understanding of classroom activities, family activities, services local programs offered to families, and staff perspectives on their programs and the families they served.

Case Study Instruments

In some respects, the FACES case study was a test of the usefulness and feasibility of using a smaller, more qualitative approach to better understand Head Start families in the context of a larger study. The case study methodology involved using a mixed methods approach, including both qualitative and quantitative descriptive information, longitudinally and cross-sectionally, from multiple sources to address the research questions of interest and support the findings from the larger FACES study. The instruments used in the case study focused on four areas: the Head Start children, the Head Start families, the families' interactions with Head Start, and the families' homes, neighborhoods, and communities. The home visit parent interviews were semi-structured and contained open-ended questions regarding parents' perceptions of themselves and their families, their experiences with Head Start, and their neighborhoods. The home and neighborhood observations used checklists completed by the interviewers and by the families during home visits. Finally, the monthly telephone interviews collected updates on changes in families' household composition, child care arrangements, employment status, health status, and Head Start participation.

Community Agency Staff Interviews

A semi-structured telephone interview was developed to learn about community agencies that served the same areas as local Head Start programs and the nature of the collaboration between these agencies and Head Start. Interviews were completed with the administrators most responsible for supervising the direct delivery of services. Interviews were used to gather descriptions of the agencies, including auspice, goals or mission, services provided, the types of collaboration the agencies had with Head Start, referral patterns between Head Start and the agencies, the perceived relationships of the agencies with Head Start, and the types of outreach strategies the agencies used to target low-income families.

Study Findings

A summary of key findings across the multiple data sources is followed by a discussion integrating findings from across the various sections.

Children and Families

Demographics and Background. The parent interview offered the opportunity to learn about the children and families who were involved with the program. The sample of FACES children was evenly balanced between boys and girls, and was primarily comprised of three ethnic groups: African Americans, Whites, and Hispanics. Almost three quarters of the parents reported that their children's health status was either excellent or very good, and most of the children were classified as normal birthweight. Almost one fifth of the parents reported that their children had a disability, with the most commonly reported disability being speech or language impairment.

The data show that there is not a typical Head Start family or household. A majority of the parents were in their twenties and almost one third were in their thirties at the time of the fall 1997 parent interview. Less than one half of all the parents were married. Less than one fifth of all parents were born in a country other than the United States, and only 2% reported that they had resided in the United States for less than 5 years. English was the primary language in about two thirds of the homes. Mothers and fathers were both present in less than one half of the households, and slightly less than three fourths of the households had at least two adults age 18 or older. Between fall 1997 and spring 1998, just under one half of all parents indicated that someone moved in or out of their households.

Almost three quarters of all parents had at least a high school diploma or GED, and approximately one fourth of all parents reported in the fall of 1997 that they were working toward a degree, certificate, or license. Slightly more than one half of all parents were employed in the fall of 1997, and the mean monthly household income was $1,256. Approximately one third of the parents participated in welfare reform programs, requiring them to get a job, attend job training, or attend school to be eligible to receive public assistance. About one half of the parents reported that they used child care services prior to enrolling their children in Head Start. Following enrollment, slightly less than one third had children in child care before or after the Head Start day, typically in a relative's home.

Social Support and Psychological Well-Being. Virtually all parents reported that Head Start was an important source of support to them in raising their young children. Overall, Head Start was considered slightly more helpful than relatives, and much more helpful than other parents, friends, people from religious/social groups, child care staff, professional help givers, or co-workers. For many families, social support is important, especially in a population where close to one third of the parents were classified as moderately or severely depressed. Parents who were more depressed had a greater need for and reported use of social services, had a more external locus of control, had less social support, had a lower household income, and engaged in fewer home safety practices. Depressed mothers participated in fewer activities with their children, while depressed parents reported more problem behaviors for their children.

Exposure to Violence and the Criminal Justice System. Exposure to violence and the criminal justice system was a reality for many Head Start families. More than a quarter of all parents reported seeing nonviolent crime in their neighborhoods, while close to one third reported seeing a violent crime near their homes. About one fourth of the parents knew someone who was a victim of a violent crime in their neighborhood. As for the Head Start children, about one fifth had witnessed crime or domestic violence in their lives, and 3% had actually been victims of domestic violence or crime. The findings suggest, however, that being involved in and having a positive experience at Head Start may serve as protective factors against the effects of exposure to neighborhood violence.

Almost one fourth of the parents reported that they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of their Head Start children and almost one fifth indicated that these individuals had spent time in jail. Children from families who had involvement with the criminal justice system were almost five times more likely to have been exposed to violent crime or domestic violence and four times more likely to have been victims of violent crime or domestic violence.

Activities with Children. Families were generally active with their children, and more family activities with their children were related to more reports of positive child behaviors and emergent literacy as well as fewer reports of child problem behaviors. Families' use of rules in the home and reported social support for child rearing were both positively correlated with how active families were with their children. From fall 1997 to spring 1998, almost one half of the families increased the number of activities they did with children.

Fathers were reported to live in 44.2% of the households. Sixty percent of the children without a father in their household had someone who served as a father figure for them, most often non-household relatives, or the mothers' spouses or partners who lived in the household. About one tenth of these children rarely or never saw their non-household father and had no father figure, a group that represented more than 5% of the entire sample of children. As expected, activity with children was greatest for in-home fathers, but the levels of activity with their children varied greatly among non-household fathers. In what might be viewed as compensatory behaviors, mothers' activities with their children increased when fathers were not in the household, as did non-household family members' activities with the children.

Families that received TANF were about four times more likely to have the father living out of the household than families not receiving TANF. Not only did families with non-household fathers have a greater need for and use of community services, but as the levels of child-rearing support fathers offered increased, both the number of services the families needed and the number of services they received decreased. Children who had witnessed violent crime or domestic violence were almost three times more likely not to have fathers in the homes. Children who were reported to have been victims of violent crime or abuse were almost four times more likely than children who were non-victims not to have fathers in the homes.

Changes in Households. Changes in household structures were noted in 40% of the households during the first year of the study. New household members were reported in almost one third of the homes, while one quarter of the households had someone leave. Changes involving key adult males (fathers, stepfathers, foster fathers, grandfathers, male spouses or partners) affected almost two fifths of the households, while only 7.0% of the households experienced a similar change involving key adult females. For families having key males enter their households, there were significant increases in activities with children and in the monthly household incomes. When key males left the household, the noted changes were increases in children's aggressive behavior and decreases in monthly household income. As key females entered the household, increases were reported in aggressive behavior. In homes where key females left during the year, increases in activities with the children were evident.

Families and Head Start

Active participation is a goal that Head Start has for every family. On average, parents reported that their children attended Head Start for slightly more than 5 hours per day and about 5 days per week. Most parents were very active in the program, with the most frequently reported activities being home visits with Head Start staff members, parent-teacher conferences, and observing in their children's classrooms for at least 30 minutes. Parents who were more involved at Head Start also participated in more activities with their children at home and reported fewer problem behaviors for their children. Work and school commitments, the need for child care or transportation, health problems, or lack of support from a spouse or partner were the primary barriers to parent participation.

From the fall of 1997 to the spring of 1998, parents with high or moderate involvement at Head Start had higher levels of social support, a more internal locus of control, higher monthly household incomes, and an increase in the use of household rules. They also increased the amount of activity they engaged in with their children. High involvement was also associated with decreased parent depression. From fall to spring, parents with low involvement also showed many similar gains, but they had no increases in the amount of activity with their children.

Expectations and Experiences with Head Start. Most parents anticipated that Head Start would help prepare their children for school and almost two fifths expected that the program would provide social interactions with other children. Far fewer parents expected benefits for their families. About one fifth of the parents did not know that Head Start could help their families. However, by the end of the school year, many parents reported that Head Start had helped their children and their families in ways they had not expected. Almost every parent had very positive feelings toward their children's and their own experiences at Head Start. Parents reported that their children often or always felt safe and secure at Head Start, were happy to be in the program, felt accepted by their teachers, and were treated with respect. Over 80% of parents felt that Head Start maintained a safe program, respected their families' cultures, helped their children to grow and develop, provided their children services, and prepared them for kindergarten. Overall, satisfaction with the program was extremely high, and parents who were more satisfied were also more involved with the program.

Special Populations

As part of the description of Head Start families, several subgroups or special populations were investigated. These include families that had children with disabilities, Hispanic families, and families that had a grandparent serving as the primary caregiver.

Head Start Children with Disabilities. Head Start directs local programs to make available up to 10% of their enrollment for children with disabilities. Among the FACES population, 14% of the children were professionally diagnosed as having a disability. Among the children with disabilities, the ethnic groups with the largest representation were African American children and White children. Almost two thirds of the children with disabilities were boys, and more than two fifths of the children with disabilities were 3 years old.

The percentage of children with disabilities having parents less than 20 years of age was about twice that for parents of children without disabilities. The distribution of parents across education and training categories was similar for parents of children with disabilities and parents of children without disabilities. A smaller proportion of families having children with disabilities also had monthly household incomes of under $500 than was noted among families without children with disabilities. In contrast, the families of children with disabilities were more likely than families of children without disabilities to have monthly household incomes of $2,000 or more. WIC was used by more than one half of families, regardless of whether or not the children had disabilities, but the receipt of TANF was slightly higher for families of children with disabilities. As expected, the receipt of SSI or SSDI was much more likely among families of children with disabilities, while a higher proportion of children with disabilities was covered by private insurance and Medicaid than were children without disabilities.

Most parents of children with disabilities reported that Head Start was helpful or very helpful as a source of support. Parents of children with disabilities were significantly more depressed, had a more external locus of control, and had a greater need for services and received more services then parents of children without disabilities. While most parents of children with disabilities were classified as not depressed or only mildly depressed, the remaining one third of these parents were classified as moderately depressed or severely depressed. Less than 5% of the parents of children with disabilities reported being victims of violence in their homes, slightly higher than parents of children without disabilities.

No significant differences in reported activities with children were noted between families with or without children with disabilities. Parents of children with disabilities indicated their children had less positive social behavior, and more problem behavior, including behavior that was more aggressive, hyperactive, and withdrawn. Parents of children with disabilities were significantly more involved at Head Start than parents of children without disabilities. While parents of children with disabilities were significantly less satisfied than parents of children without disabilities, their satisfaction with the program was still high.

Hispanic Head Start Families. Data presented on Hispanic families and children suggest that this group may become the largest ethnic or racial group enrolled in Head Start over the next decade. Perhaps more importantly, the data demonstrate that Hispanics, as a group, are heterogeneous, diverse, and dynamic. Significant variations among the three Hispanic groups identified based on ethnic- and language-minority status (families living in Puerto Rico, Spanish-speaking mainland families, and English-speaking mainland families) highlight the importance of understanding the differences among Hispanic families. Understanding this diversity among Hispanic families is perhaps more salient in addressing policy and research questions for programs like Head Start than seeking to understand the "typical" Hispanic family.

The findings among different Hispanic groups present a complex picture. For instance, one might assume that Hispanic residents of Puerto Rico, who are both the majority ethnic group in their culture and speak the dominant language, may have certain advantages over other Hispanic groups given their ethnic- and language-majority status. And while data did support that Hispanic families living in Puerto Rico had some advantages over other Hispanic groups in terms of educational attainment and social support for raising their children, they also faced critical challenges: More parents in Puerto Rico were unemployed and living in households that were below the Federal Poverty Level. Likewise, Spanish-speaking mainland Hispanic families that have both ethnic- and language-minority status in the U.S. might be assumed to have certain disadvantages compared to other Hispanic families. However, while Spanish-speaking mainland Hispanic families in the study did have more challenges compared to other Hispanic groups in terms of educational attainment, health insurance coverage for their children, and low levels of social support for raising their children, they also reported higher income levels compared to non-

Hispanic families and had more dual-parent households than other Hispanic groups.

Lastly, one might assume that English-speaking mainland Hispanics, who are ethnic minorities in the overall culture of the U.S., may gain some protective benefits from being able to communicate in the majority language. The findings regarding English-speaking mainland Hispanic families indicate that there were some protective benefits of proficiency in the dominant language in terms of educational attainment, lower levels of unemployment and fewer families living below the Federal Poverty Level. However, there were risks for this group, such as more single-parent households and more multiple family risks associated with negative outcomes for children, which may result from acculturation into the mainstream culture. This complex picture, along with the increasing number of Hispanic families enrolled in Head Start, points to an increased need for further research to understand the variation among Hispanic families and identify the critical elements of Hispanic families' lives to better inform policy and program decisions.

Grandparents as Primary Caregivers. Another important but understudied special population noted in the study was families in which grandparents served as primary caregivers for the children. Almost 5% of the children had grandparents who were identified as their primary caregivers. About one half of these children were African American while less than 10% were Hispanic. About one half of the families with grandparents serving as primary caregivers lived in the South.

As expected, grandparents as caregivers were older than caregivers in the main sample of families. The mean age of primary caregivers in the main sample was 30 years, while the mean age for grandparents who served as primary caregivers was 52 years. Fewer grandparents who were caregivers were single, and more reported they were divorced or widowed. In general, grandparents who served as caregivers had less education than other primary caregivers. Almost two fifths of the grandparents who were caregivers did not complete high school. Employment, either full-time or part-time, was greater among other caregivers, as approximately three fifths of the grandparents were not employed compared with about one half of the other caregivers in the overall sample.

Overall, the households in which grandparents served as primary caregivers had higher incomes than the overall sample of Head Start households. Grandparents as primary caregivers were less likely than the overall sample of families to use WIC but were more likely to use TANF as well as SSI or SSDI. The proportions of children covered by private health insurance or by Medicaid were virtually identical across both groups of families.

Grandparents reported receiving significantly less overall support in raising their grandchildren than parents who were caregivers. Interestingly, a larger proportion of grandparents compared to parents reported religious or social group members as a source of support in raising their children. Grandparents involved their grandchildren in a wide range of activities, including reading. In fact, there was no significant reduction in reported levels of activities with children among families with grandparents as primary caregivers. Compared to parents as primary caregivers, grandparents as caregivers indicated their grandchildren had more problem behaviors.

Almost three quarters of the grandparents reported participating in some activity at Head Start. Grandparents as caregivers were less likely than parents to volunteer and observe in the classrooms or help with field trips, yet they were more likely to serve on Policy Council. Compared to other caregivers, grandparents were less likely to report the typical barriers to program participation, but like other caregivers, grandparents reported high satisfaction with their Head Start programs.

Three Generational Families. Finally, not all grandparents who lived in the households were identified as caregivers. While close to 5% of the Head Start children lived in families headed by their grandparents, almost three times as many households were extended families that included a grandmother, a grandfather, or both grandparents. Two fifths were families of African American children, one quarter were families of Hispanic children, and one fifth were families of White children. For almost two thirds of these three-generational families, the adult family structure consisted of a mother and a grandmother.

Head Start Staff

Head Start implements its family services through the work of its staff. Staff include program administrators responsible for service areas, such as health, education, parent involvement, and social services, Center Directors, Classroom Teachers, Home Visitors, and Family Service Workers. These staff displayed great loyalty to the program and to their work in early childhood education. Area Coordinators, Center Directors and Teacher Administrators[1] had an average of over 15 years experience in early childhood education, while Classroom Teachers and Family Service Workers had been employed in the field for over 10 years. About half of the Center Directors and Teachers either had children in Head Start at the time of the interview, or had been Head Start parents in the past.

Over one half of Head Start Classroom Teachers reported holding an Associate's degree or higher. While more than one half also held a Child Development Associate certificate, about 40% held a teaching certificate at the preschool, elementary, or secondary school level. Annual salaries for Head Start Center Directors averaged less than $30,000 annually, while the average salaries for Classroom Teachers were less than $25,000. Reported staff satisfaction, both with their employment in the field of early childhood and with their Head Start positions, was very high. Across all positions, staff overwhelmingly indicated that the importance and enjoyment of working with young children was the primary reason for continuing to work at Head Start.

Staff reported that their most important goals for families were to teach them about child development and parenting and to inform them about their own child's development. They also indicated that the main benefits of Head Start for children were enhancement of social skills with peers and adults and improving children's school readiness, which were mentioned by just over one half of the staff.

Education Coordinators, Center Directors, and Classroom Teachers reported over 90 different curricula that were employed in the classrooms, with High Scope and the Creative Curriculum mentioned most often. Reading stories, naming colors, teaching number concepts or counting, as well block building, free play, and outdoor physical activities were reported to be offered daily or almost daily in over 90% of the centers and classrooms. Center Directors and Classroom Teachers reported that they taught letters of the alphabet and provided computer time in their classrooms less frequently than other academic activities.

No significant relationships were observed between staff experience, education, or training and parent-reported satisfaction with the program. However, parents did report greater satisfaction with the program when their children's teachers reported more opportunities for contact with parents in the classroom and more opportunities for parents to come into contact with other Head Start staff. Parents reported more involvement with program activities where Head Start teachers reported more years of education and a greater number of in-service training hours.

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[1] In some cases, a classroom teacher also served some of the administrative functions of a Center Director when a Center Director was not available. Within this report, such teachers are referred to as Administrative Teachers.

The FACES Case Study

The case study was a unique opportunity to address research questions that would supplement the larger study. These findings from the case study have made a distinct contribution to the FACES study in a number of areas. For example, findings from the home visit interviews revealed that most Head Start families saw positive relationships, most often characterized as the closeness or togetherness of their family or knowing that they could rely on one another and would take care of each other, as the primary strength of their families. The emergent themes identified from the family narratives also highlighted the strengths or resilience of the families, which were illustrated within the scope of the challenges they face. Of particular note is the sense that families held on to critical values or beliefs in the face of adversity, such as the importance of education for their children or being able to take care of their children.

Most families believed it was important for them to teach their children values or morals, including teaching or showing their children that education was important and teaching them how to behave, as well as guiding them and helping them to set goals in their lives. Parents also felt that they were successful or somewhat successful at teaching these things to their children and were very satisfied with their role as parents. Home visit interviews and family narratives reveal that despite facing various barriers to participation, the majority of Head Start families had a strong desire to be involved in their children's Head Start education and valued their involvement in the program.

The findings from the FACES case study also supported and expanded upon many of the findings from the larger study. Findings from the case study home visit interviews and family narratives found, like the main study, that Head Start families generally held optimistic expectations for their children's early schooling experiences. Most parents' hopes and goals for their children were focused on general education goals, such as learning basic skills and doing well in school. They also had optimistic expectations about their children's future educational attainment, with specific long-term educational goals for their children, such as graduating from high school and attending college.

Home visit interviews indicated that a majority of Head Start families were satisfied or very satisfied with Head Start and felt that the program was meeting the needs and goals of their children. They felt that their children were learning, the program was preparing their children for kindergarten, and they were satisfied with the emphasis on the total child, including their physical, social or behavioral development. However, about one third of the primary caregivers also expressed some dissatisfaction with Head Start and felt the program was not completely meeting the needs and goals of their children. Most of these parents wanted more of an emphasis on academics and felt their children were not being prepared for kindergarten. They also expressed some dissatisfaction with Head Start staff or service related issues such as the hours of operation or the enrollment policies of the program.

Findings from the monthly telephone interviews and family narratives indicated that Head Start families coped with multiple changes and balanced the needs of their families' lives in many critical areas. Specifically, many Head Start families experienced two or more changes in the areas of household composition, employment, income, health, and child care over the course of the case study.

Community Agency Providers

The data from the community agency providers and Head Start Family Service Worker interviews have contributed to a more complete understanding of the types and frequency of collaboration between Head Start programs and the network of agencies within their communities. Most community agencies reported that they had either a formal or informal relationship with Head Start. Formal collaborations included contractual arrangements to provide dental or health care for Head Start children, Welfare-to-Work programs for the families, or parenting classes. The majority of collaboration was informal and included the referral of clients to Head Start or serving on the same community-wide committees.

Even though agencies reported a relationship with Head Start, most interactions were informal and did not involve regular communication. Most communication was done by phone and involved a discussion of mutual clients, mutual services, or client referrals. While most agencies reported receiving client referrals from Head Start, respondents indicated that they rarely or only sometimes referred clients to Head Start, and when referrals occurred, they typically involved providing their clients with written or verbal information about Head Start, such as the local program's phone number or address.

Most agencies felt that their relationship with Head Start was very important and that the quality of that relationship was positive. Yet when asked about any problems they had encountered during interactions with Head Start, many reported problems or had suggestions for improving collaboration. Agencies suggested that Head Start be more willing to collaborate, increase hours of operation, provide transportation for clients, and offer a more challenging curriculum for children, as well as have a better trained and more organized staff. Most agencies used a combination of traditional and non-traditional recruitment strategies including referrals from other agencies or word-of-mouth, not unlike outreach strategies utilized by Head Start staff. Very few agencies mentioned outreach to Head Start as a way of identifying eligible clients.

Conclusions and Implications

This study explored many issues faced by Head Start children and families, by Head Start programs and staff, and by the community service providers that assist these families. Across this variety of data sources, the findings have lead to the following conclusions.

Head Start Families are Diverse

The FACES data clearly suggest that there is no "typical" Head Start family. This diversity is evident in the race, ethnicity, and cultures of children. Diversity was also seen in the structures of Head Start families. The range of well-represented family types included dual-parent families, single-parent families, and blended families. Head Start parents represented a range of educational levels and work status. Although one quarter of parents did not complete high school, many Head Start parents actually progressed beyond high school. And while a significant number of households had no employed members, more than one half of all parents were employed.

Head Start Families are Like Other Families

While there was great diversity in the types of Head Start families, parents from these low-income families also had much in common with each other, as well as with parents who were more advantaged. They shared similar values with regards to the hopes and goals they expressed for their families and their children. These parents held optimistic expectations for their children's early schooling experiences as well as optimism about their children's future educational attainment. They believed it was important to teach their children values or morals and that education was important – they wanted the best for their children. In addition, they expressed the conviction that positive relationships within their families were a primary strength of their families.

Head Start Families Face Multiple Challenges and Possess Strengths to Address These Challenges

Personal challenges, as well as challenges associated with poverty, typically burdened families who enrolled in the program. Numerous families faced multiple challenges that reached across several areas of their lives, including employment status, income and economic supports, household structure, and education. Often neglected is the notion that even at-risk families have strengths to draw on as they face these challenges -- this is how many families demonstrated resilience in the face of their harsh, daily realities. For example, having fathers in the home was generally considered a strength for families. Even where this was not possible, there were important benefits for families just by having fathers who were active in the raising of their children. The fact that two thirds of the parents had no more than a high school education limited the types of employment opportunities available to them. However, it was encouraging to find, that in the face of the challenge of limited education, about one quarter of the parents reported that they were working toward a degree, certificate, or license. Whether in their homes or in their neighborhoods, the reality of violence challenged Head Start families' lives – almost one third reported seeing violent crimes near their homes and nearly one fourth of the families faced challenges associated with having a family member involved with the criminal justice system. In spite of this bleak picture of environmental and personal challenges to Head Start families, many held a positive outlook regarding living environments and felt their neighborhoods were good places to raise children and had positive characteristics.

In light of the number of Head Start parents suffering from some level of depression, the availability of social supports for raising children takes on heightened importance. Overall, Head Start served an important role in this area, as almost all of the parents reported that the local program staff was helpful to them in raising their young children. Families recognized that there were strengths in the people around them, such as the Head Start staff, and made use of this support and expertise.

Head Start Families are Active with Their Children as Well as With Head Start

The Program Performance Standards direct local programs to build Family Partnerships as a means of assisting parents with the task of involving themselves in the lives of their children. In order to meet this goal, programs help parents become involved in all areas of child development as well as with local schools and communities.

Parent Involvement with Children is Important

The FACES data support the notion that parents' involvement in activities with their children has a number of positive consequences for families. Family members' increased activity with children was associated with positive child outcomes. Having a father in the home positively affected the entire household. The use of discipline, including spanking, was more likely to occur when fathers were not present in the homes, and these families had the greatest need for and use of community services. Of critical importance for understanding the importance of fathers, children who were identified as witnesses or victims of violent crime or domestic violence were much more likely not to live with their fathers.

Families Benefit from Program Involvement

Most parents were active in the program, and, along with their strong desire to be involved in their children's education, seemed to value and know that there were benefits that came with program involvement. Program involvement helped parents stay informed about what their children were learning and experiencing. Through routine volunteer activities, parents were brought to the centers where they could be involved with their children as well as with other families and staff; they could also develop job skills, parenting skills, and social skills. However, despite parents' best intentions, not all were able to participate at the level they would have liked. The case study provided many examples of families who highly valued participating in Head Start, even when faced with the type of barriers most often reported by both parents and staff, such as work and school commitments, the need for childcare or transportation, and health problems. Parents who were most involved became less depressed, felt a greater sense of control over their lives, reported increased social support, and increased use of household rules over the program year.

Parents felt that Head Start helped their children with academics and through social interactions with other children, as well as with adults. Although parents generally indicated that they came to Head Start to help prepare their children for school, by the end of the school year many parents reported that Head Start had helped their children and families in ways that were not expected. From the staff perspective, the main benefits of Head Start for children were improved interactions with other children and adults and school readiness. In terms of goals for families, staff suggested that the critical issues were to teach parents about child development and parenting and to inform parents about their own child's development.

Families Were Very Satisfied with Head Start

A recent national survey reported that Head Start received the highest customer satisfaction rating of any government agency or private business (President's Management Council, 1999). Similarly, almost all of the FACES parents had very positive feelings toward their children's and their own experiences at Head Start and felt that the program was meeting the needs and goals of their children.

Parents who were more satisfied were also more involved in program activities. In centers where staff reported greater use of parents as home visitors or workshop leaders or where parents prepared newsletters and assisted in curriculum planning, the parents reported greater satisfaction and more positive experiences with Head Start. When asked about suggested program improvements, parents in the main sample had four key suggestions. These were to extend the program hours or have longer days, to have a greater focus on academics and school readiness, to provide more transportation options, and to improve the facilities like the playgrounds or classrooms. Despite these concerns, almost one half of the parents indicated that Head Start did not need to change or they were already satisfied with the program.

Future Research Directions

This descriptive study of Head Start families had two clear methodological strengths. The study provided new findings on the developmental and ecological contexts in which Head Start children lived, and it was done using a mixed-method approach. While the emphasis on these two aspects has yielded valuable data, there are potential benefits to continuing this blend of focus and approach. In terms of learning more about the developmental and ecological contexts of Head Start families, future studies should consider targeting the range of family types or important components of the Head Start population that need additional study, including special populations such as American Indians and Alaska Natives, and Migrants. Targeting specific groups within the Head Start population may allow greater attention to be given to assessing family and individual strengths. The case study made clear that while the research often focused on challenges families faced, many of these families demonstrated great resilience in the face of these challenges. While research on challenges helps to highlight areas in which families need support, adding a specific focus on family strengths may help illuminate successful strategies for addressing these challenges.

Important developmental and ecological contexts that FACES began to investigate were community and neighborhood environments, and further work along these lines is encouraged. The ability to link Head Start families to secondary sources of data, such as census data at the neighborhood level, will be important for assuring that Head Start services are appropriate for specific communities, and should also facilitate both Head Start recruitment efforts and strategic planning so Head Start is always prepared to meet the changing face of poverty. Methodologically, Head Start will continue to benefit from the application of varied data collection approaches. The case study is an excellent example of how a qualitative approach can provide depth to better understand the findings of the more standard quantitative approach. The inclusion of secondary data sources, such as in proposed community and neighborhood level work, will further extend the usefulness of the study findings.

Perhaps most important is the need to continue collecting, analyzing, and reporting national data on the children and families served by Head Start and on the programs that strive to meet their needs. Regular, ongoing national data collections can serve as a form of surveillance system of the dynamic population of families that comes to the Head Start door, of the professional development needs of the staff that serve them, and of the best program practices to ensure a brighter future for these families and the children they entrust to Head Start's care.

Introduction to the Study

Families have played an essential role in the Head Start philosophy since the inception of the program. In July 1996, the Administration on Children, Youth, and Families (ACYF), in the Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS), initiated a national effort to develop a descriptive profile of families participating in the Head Start program. Shortly thereafter, ACYF combined this project with a second initiative to develop, test, and refine Program Performance Measures for Head Start. This combined effort is known as the Head Start Family and Child Experiences Survey (FACES).

The project was conducted under contracts with Abt Associates Inc. (with The CDM Group, Inc. as their subcontractor) to collect descriptive information on Head Start staff and families (Contract 105-96-1930) and Westat (with Xtria, formerly known as Ellsworth Associates, Inc., as their subcontractor) to establish a Performance Measures Center that would develop performance measures and collect assessment information on Head Start classrooms and children (Contract 105-96-1912). Data were collected from a nationally representative sample of Head Start children and their parents in fall 1997 and during the spring of each year through 2001. Across all waves of data collection, the FACES sample included more than 3200 children and their parents enrolled in 40 Head Start programs.[1] Participating Head Start staff, including Program Directors, Component Coordinators, Center Directors, and Family Service Workers from over 160 centers, were interviewed one time each, while Classroom Teachers were interviewed once and completed a self-administered questionnaire each year they had study children in their classrooms. As part of the ongoing process of monitoring Head Start, a second cohort of programs and families was selected under the Performance Measures Center contract and the data collection known as FACES 2000 was initiated in fall 2000. This report provides information on the original cohort of Head Start families at the time of their Head Start experiences, as well as information about Head Start staff.

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[1] A description of the sampling method for selection of Head Start programs and centers is provided in Section II.

Purposes of the Study

Head Start FACES, guided by the national program's performance objectives, was designed to provide a comprehensive overview of the Head Start program from a variety of perspectives. The broad purposes of the study were to:

- Assess Head Start's role in enhancing child development and school readiness;
- Assess Head Start's role in strengthening families;
- Assess Head Start's role in providing quality services in the areas of education, health, nutrition, and social services; and
- Determine how Head Start classroom quality is related to child outcomes.

This technical report is focused on Head Start families, and provides descriptions of the characteristics and experiences of children and families served by Head Start grantees, information about individual programs, and their staff, as well as information on the communities in which Head Start provides services. This includes information about several key areas:

- The demographic characteristics of families and children enrolled in Head Start;
- The family, home, and neighborhood environments of children enrolled in Head Start;
- The home-based activities and experiences of families and their children while enrolled in Head Start;
- The activities and experiences of children while participating in Head Start;
- The involvement of parents in Head Start activities and their satisfaction with the program;
- The staffing patterns as well as the responsibilities, qualifications, and training of staff involved in management of Head Start activities for families and children;
- Head Start programs' approaches related to recruitment and enrollment of children; and
- Barriers to the provision of needed services as perceived by families and program staff.

Head Start Growth and Challenges

During the period from 1990 through 1999, the Head Start program budget grew from approximately $1.5 billion to $5.5 billion annually. Over that time, Head Start Program Information Reports (PIR) indicated that the number of enrolled children jumped from 540,930 to 826,016, a 53% increase. Further, the proportion of children being served in full-day sessions, including classrooms that were open year-round, increased from 21% of actual enrollment served in full-day classrooms in 1993-1994 to 26% during 1997-1998 (ACYF: 1990, 1991, 1992b, 1993, 1994, 1995b, 1996, 1997, 1998a, 1999). At the same time, the Head Start program has undertaken a major effort to improve program quality through revised Program Performance Standards and by supporting local programs' efforts to improve staff salaries and benefits while adding requirements for classroom staff to obtain or enter employment with a college degree.

Perhaps the most dramatic shift in Head Start demographics has been the increased enrollment of Hispanic families and children. In Head Start, as in the United States as a whole, recent population growth among families of Hispanic heritage has been greater than for any other ethnic group. Between 1994 and 1999, Head Start enrollment increased by 85,523 and the percentage of Hispanic children enrolled increased from 22% to 28% of total enrollment (Exhibit 1-1). The number of Hispanic children increased by 68,945 over that 5-year period (or 81% of the total increase). These increases occurred across the nation, making it necessary for Head Start programs to employ more bilingual staff and to provide outreach and services to families where the home language was often exclusively Spanish.

Exhibit 1-1
Head Start Enrollment Increases by Ethnicity: Data from the 1994-1999 Program Information Reports

Ethnicity	Total Increase 1994-99	Percentage Increase 1994-99
Black	17,103	6.2
White	-3,122	-1.2
Hispanic	68,945	42.9
American Indian	947	3.5
Asian/Pacific Islander	1,910	8.1
All Children	85,523	11.5

Head Start Families

The characteristics of enrolled families, including their strengths and needs, have been important concerns for Head Start since the program's inception. Among the original objectives for Head Start, as outlined in Recommendations for a Head Start Program in February 1965, was an intent to foster constructive opportunities for society to work together with poor families in solving their problems (Cooke, 1965). The Cooke Panel also envisioned a comprehensive program that would:

- Identify the needs of children and their families, identify programs to meet those needs, and help families get involved in and make appropriate use of those programs;

- Make known existing social service resources and encourage families to make use of them; and
- Ensure that families continue to obtain help as needed.

The Cooke Panel clearly recognized that low-income families were not a homogeneous group, having a range of strengths and needs. Since that time, both the characteristics and social environments of low-income families have become increasingly diverse, placing new demands upon Head Start programs. Thirty years after the Cooke Panel set forth its vision for Head Start, the Board on Children, Youth and Families of the National Research Council and the Institute of Medicine of the National Academy of Sciences issued a report, *Beyond the Blueprint: Directions for Head Start Research* (Phillips & Cabrera, 1996), that echoed many of the same themes. Noting that the conditions of poverty have changed dramatically in the past three decades, the report suggested that ACYF consider research initiatives in a variety of areas. The initiatives recommended by the panel included:

- Obtaining an accurate profile of the characteristics of families participating in the nation's largest program serving preschool children;
- Describing the diversity of cultures and languages represented by families enrolled in Head Start, parents' educational and cultural backgrounds, and the mix of cultures and instruction in Head Start classrooms;
- Creating a profile of family employment status and child care needs, and the relationships among Head Start program variations and parents' employment opportunities;
- Documenting the prevalence and degree to which Head Start children, families, and staff are exposed to domestic and community violence, and the perceptions of parents and staff regarding Head Start's role in violence intervention; and
- Examining Head Start's impact on other community services and institutions, while highlighting systemic barriers to efforts to improve the well-being of families living in poverty.

With the advent of recent changes in distribution of public assistance and management of health care, the circumstances of low-income families are particularly important to track. Head Start is being called on to lead the response to the changing needs of families moving from welfare to work, including the increased need for child care, requests for support in improving job-related skills, and flexibility for involving parents with demanding schedules. In addition, Head Start programs that rely on networks of community providers of health and social services may need to adjust the mechanisms of service delivery or take on more direct service provision. The current climate of change presents challenges to Head Start programs and families alike, and makes gaining a better understanding of program services and family needs imperative at this time.

Head Start Program Performance Measures

Head Start FACES has allowed the Head Start Bureau to move toward its goal of implementing a system of program performance measures. These measures grew out of the requirements of the 1994 Head Start Act and the Government Performance and Results Act of 1993 (Public Law 103-62). The Head Start Act, as amended May, 1994, Sec. 641A(b)(1), required Head Start to "develop methods and procedures for measuring the quality and effectiveness of programs." The measures were to be designed to "identify strengths and weaknesses in the operations of Head Start programs nationally and by region, and to identify problem areas that may require additional training and technical assistance resources." With regard to research, demonstrations, and evaluations, Section 649(d) (1) of the Act further mandated Head Start to permit ongoing assessment of the quality and effectiveness of programs and to contribute by developing knowledge concerning factors associated with the quality and effectiveness of Head Start programs and by identifying ways in which the services provided may be improved. In particular, special consideration was to be given to longitudinal studies that "examine the developmental progress of children and their families during and following participation in a Head Start program." This information also is needed to satisfy the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62), which required all Federal agencies to:

- Develop strategic plans;
- Prepare annual performance plans that set out the agency's performance goals; and
- Report annually on actual performance compared to goals.

In response to GPRA and its 1994 reauthorization legislation, the Head Start Bureau completed a revision of the Head Start Program Performance Standards (published in 1996 and took effect in January, 1998) and continues to report regularly on the Program Performance Measures, which are based upon the empirical data from FACES and other sources. The legislative provision calling for the review was inspired by the recommendations contained in *Creating a 21st Century Head Start*, the December 1993 report of the Advisory Committee on Head Start Quality and Expansion (1993). In the opening paragraph of the research section of their report, the Advisory Committee on Head Start Quality and Expansion stated:

> "Head Start has entered a historic period of reexamination, improvement in quality, and expansion of services. The size of the program, its comprehensive services, the diversity of the population it serves, and the fact that it is Federally funded suggest a role for Head Start as a national laboratory for best practices in early childhood and family support services in low-income communities. Because Head Start needs to expand and renew itself in order to assume its role as a state-of-the-art 'technology,' there is a concomitant and compelling need for a new, expanded, and formal role for Head Start research (page 1, 1993)."

The Program Performance Measures were intended to be a set of criteria for assessing how well the Head Start program, as a whole, is fulfilling its primary mission of improving the social competence or school readiness of young children from low-income families nationwide, as well as the related objective of helping low-income families to attain their educational, economic, and child-rearing goals. ACYF brought together a wide variety of expert advisers in 1995, and their report recommended specific performance measures in the areas of health, education, partnerships with families, and program management that should be included in the Program Performance Measures system (ACYF, 1995a). The recommended measures require not only the use of existing record keeping systems, such as the Head Start PIR, but also suggested the implementation of new data collection mechanisms for interviewing representative samples of Head Start parents, observing representative samples of Head Start classrooms and home-based programs in operation, and assessing the development and behavior of representative samples of Head Start children. These data collection strategies are to be conducted on an ongoing, regular basis to allow Head Start to monitor changes in program performance over time.

In 1996, the Head Start Bureau established the Performance Measures Center (PMC). The primary function of the PMC was to move the program performance measures to national scale by drawing a national probability sample of Head Start programs, centers, children, and families, gathering data from these samples using valid, recognized instruments, analyzing the collected data, and reporting on the results. This work included developing a battery of measures that fit under five objectives that supported the development of social competence and school readiness. These five objectives are:

- Enhance children's growth and development;
- Strengthen families as the primary nurturers of their children;
- Provide children with educational, health and nutritional services;
- Link children and families to needed community services; and
- Ensure well-managed programs that involve parents in decision-making.

These objectives also reflect the key components of the Head Start program, in terms of child outcomes and services for families. FACES was the initial attempt to implement Program Performance Measures on a national scale.

Conceptual Framework

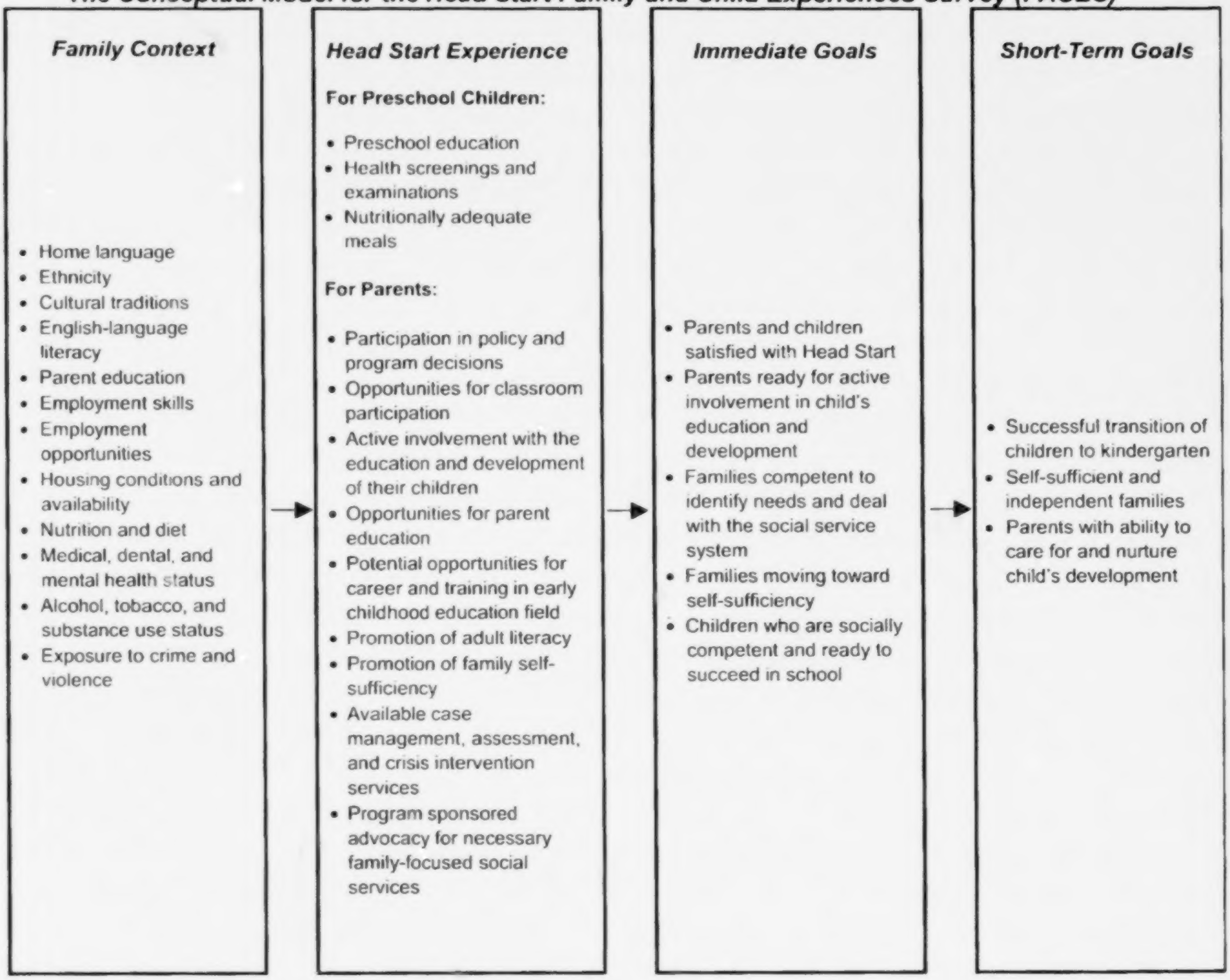
A conceptual model is a useful means of illustrating a research project's objectives in the appropriate context of a program's activities and information needs. The model developed to drive the Head Start Family Study (Exhibit 1-2) theorized that Head Start programs serve a population of families with diverse characteristics, strengths, and needs. The *Family Context* box contains examples of areas of diversity, such as ethnicity, parent education, parent employment, housing, family health status, and exposure to crime, violence, and other health risks within the household and community.

The *Head Start Experiences* box lists program activities designed to promote the immediate, short-term, and long-term goals Head Start has for its children and families. For children, this experience includes not only preschool education, but also health and nutrition services. For parents, the activities involve opportunities for participation in policy and program decisions, as well as involvement with children in the classroom and in the home, parent education, the promotion of family self-sufficiency, and facilitating families in gaining access to needed community services.

The objectives listed in the *Immediate Goals* box are those assessed by the Program Performance Measures. While these objectives primarily include contributing to the development of children who are ready to succeed in school, they also include several goals that are parent and family oriented, such as helping families move towards economic and social self-sufficiency. These immediate goals lead logically to the achievement of the objectives listed in the *Short-Term Goals* box -- that is, the successful transition of children into kindergarten, as well as the further achievement of family self-sufficiency through productive employment and involvement with the community.

Finally, the Head Start program is intended to produce progress towards *Long-Term Goals* (not shown in Exhibit 1-2 because they are beyond the scope of this study), including continued educational and developmental success of the child, parents' positive involvement in the child's activities, and long-term self-sufficiency of the family.

Exhibit 1-2
The Conceptual Model for the Head Start Family and Child Experiences Survey (FACES)



Family Context

- Home language
- Ethnicity
- Cultural traditions
- English-language literacy
- Parent education
- Employment skills
- Employment opportunities
- Housing conditions and availability
- Nutrition and diet
- Medical, dental, and mental health status
- Alcohol, tobacco, and substance use status
- Exposure to crime and violence

Head Start Experience

For Preschool Children:

- Preschool education
- Health screenings and examinations
- Nutritionally adequate meals

For Parents:

- Participation in policy and program decisions
- Opportunities for classroom participation
- Active involvement with the education and development of their children
- Opportunities for parent education
- Potential opportunities for career and training in early childhood education field
- Promotion of adult literacy
- Promotion of family self-sufficiency
- Available case management, assessment, and crisis intervention services
- Program sponsored advocacy for necessary family-focused social services

Immediate Goals

- Parents and children satisfied with Head Start
- Parents ready for active involvement in child's education and development
- Families competent to identify needs and deal with the social service system
- Families moving toward self-sufficiency
- Children who are socially competent and ready to succeed in school

Short-Term Goals

- Successful transition of children to kindergarten
- Self-sufficient and independent families
- Parents with ability to care for and nurture child's development

Overview of the Design of the Study

The design of FACES called for six rounds of data collection. During **spring 1997**, a field test of the data collection procedures was conducted with a nationally representative, random sample of 2,400 families from approximately 160 centers in 40 Head Start programs. The selection of programs was stratified on geographic region (Northeast, South, Midwest, West), urbanicity (urban, rural), and proportion of minority families in the program (above or below 50%).

The initial data collection for the full-scale study took place in the fall of 1997 at the same 40 programs. A total of 3,600 families were selected for participation, with approximately 30% of the families returning from the field test. The remaining families in the study were randomly selected from among those with children entering Head Start for the first time in fall 1997.

The **fall 1997** (October-November) and **spring 1998** (April-June) data collections included interviews with staff and parents, classroom observations, direct child assessments, and indirect assessments of children by teachers and parents. The third data collection period was **spring 1999**. Families participating in the full-scale study that began in fall 1997 were tracked whether they entered kindergarten in fall 1998 or continued to attend Head Start or other preschools. Again, the data collection included staff and parent interviews, classroom observations for children remaining in Head Start, direct child assessments, and indirect child assessments by teachers and parents.

The end-of-kindergarten and first-grade follow-up data collections were completed during **spring 2000** and **spring 2001**. Although children were no longer in Head Start, they continued to receive in-person assessments, while their parents were interviewed by telephone and their kindergarten or first grade teachers were asked to complete a brief mail-in questionnaire. The current report focuses on children in the full sample, from entry into the program in fall 1997 through one or two years of Head Start experience. For information on the pilot test see the Performance Measures Center Second Progress Report (ACYF, 1998b). Information on the kindergarten and first grade follow-ups is included in the *FACES Technical Report II*[2].

A subgroup of 120 families was identified from the spring and fall 1997 samples for participation in the FACES Case Study. An initial group of 40 families were selected from the field test sample in spring 1997. The remaining 80 families were selected from newly participating families in the fall 1997. All families were followed through spring 1998. The case study data collection required home visits to participating families at each major data collection point as well as a series of monthly contacts between data collection periods. The monthly contacts continued for all families through December 1998.

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[2] FACES reports, presentations, and additional project information are located on the internet at http://www.acf.dhhs.gov/programs/core/ongoing_research/faces/faces_intro.html

A second substudy focusing on community agencies used a subset of 10 of the original 40 FACES programs for a systematic investigation designed to further understand the partnerships between Head Start and other service providers in their community. The Head Start programs participating in this substudy were selected to represent the larger FACES sample, meaning they were stratified on geography, rural and urban status, and minority membership. Each of the 10 Head Start programs provided a list of the community service providers with which they had relationships or to whom they referred families. From each program's list of community agencies, 20 agencies (per program) were selected for telephone interviews, for a total of 200 telephone interviews with community providers overall.

The research questions addressed in this report are shown in Exhibit 1-3, and are taken from the original research questions for The Descriptive Study of Head Start Families. These questions were addressed through multiple data sources and may be included in multiple sections of this report. Some questions were addressed in a separate FACES substudy on recruitment and enrollment, and while the findings from that substudy are presented in a companion report, relevant findings from that report are discussed here.

Exhibit 1-3

The Relationship Between Study Research Questions, Information Types, and Data Sources

	Data Sources				
Research Questions / Topics	Section II Families	Section III Staff	Section IV Case Study	Section V Community Agencies	Recruitment & Enrollment Report
What are the demographic characteristics of Head Start families?	X		X		
What is the family's previous and current experience with child care and family support services?	X		X		
What are the expressed goals and hopes of Head Start families for both parents and children?			X		
What are parents' assessments of child's functioning and capabilities?	X	X			
What are parents' beliefs, behaviors and satisfaction regarding their child rearing role?			X		

Research Questions / Topics	Data Sources				
	Section II Families	Section III Staff	Section IV Case Study	Section V Community Agencies	Recruitment & Enrollment Report
What are sources of social support for Head Start families?	X		X		
What are the needs and concerns expressed by Head Start families?	X		X		
What are parental expectations for Head Start participation and impact?	X		X		
What are barriers to full parent participation in Head Start?	X		X		
What is the level of parental satisfaction with Head Start?	X		X		
What are the procedures used by Head Start programs to recruit and enroll children and families?	X	X		X	X
What are the programs' philosophies, strategies, and approaches for engaging and supporting parents?		X			X
What are Head Start parent involvement and social services staffing patterns?		X			
What community resources have Head Start programs utilized to meet the needs of children and their families?		X		X	
What are barriers faced by programs in achieving full family participation in Head Start?		X			
What program areas are particularly effective in engaging and supporting parents?		X			
What are the approaches to facilitation of children's transition to kindergarten?		X	X		

Organization of the Report

Results of parent, Head Start staff, and community agency staff interviews are presented in this technical report. Findings related to the child assessments and classroom observations (prepared by Westat and Xtria) will be included in the *FACES Technical Report II*. This report is organized into six sections:

- Section I introduces the study and outlines the report;
- Section II contains information about the families and children drawn from interviews with Head Start parents;
- Section III contains information about the staff and program activities drawn from interviews with Head Start staff;
- Section IV contains the findings from the case study of 120 Head Start families selected from the larger sample;
- Section V contains the findings of the community agency substudy drawn from interviews with community agency administrators; and
- Section VI contains a discussion of the study findings drawn across the entire array of data sources.

1.0 Introduction to the Parent Interview

1.1 Overview

Since the initial conceptualizations of the program, families have always maintained a central position within the Head Start program philosophy. This is emphasized by the program's formal focus on families, particularly parents, within the Head Start Program Performance Standards (ACYF, 1998). Under the heading of Family Partnership (Section 1304.40), the Program Performance Standards detail a set of requirements that address the following:

- Family goal setting;
- Accessing community services and resources;
- Services to pregnant women;
- Parent involvement in child development and education;
- Parent involvement in health, nutrition, and mental health education;
- Parent involvement in community advocacy;
- Parent involvement in transition activities; and
- Parent involvement in home visits.

With low-income populations shifting in both makeup and geographical location, along with changes in the availability of work and services for these individuals and families, the profile of what was thought to be the typical Head Start family has changed over the past decade. With that in mind, the primary goal of this study was to make updated information available to Head Start regarding the families it serves. The information needed to meet this goal was collected through the administration of a comprehensive interview to the parents of selected Head Start children.

Research Questions

The content development of the parent interview was guided by the following research questions that were generated by Head Start in an attempt to learn more about the families entering the program.

- What are the demographic characteristics of Head Start families?
- What are the families' previous and current experiences with child care and family support services?
- What are parents' and teachers' assessments of the children's functioning and capabilities?
- What are parents' beliefs, behaviors and satisfaction regarding their child-rearing role?
- What are sources of social support for Head Start families?

- What are barriers to full parent participation in Head Start?
- What is the level of parental satisfaction with Head Start?

Content of the Parent Interview

Based on the research questions, the parent interview instrument was developed using questions and scales from previous studies with similar populations, and with considerable input from ACYF staff and the investigators from the Head Start Quality Research Centers (1995-2000). The instrument contained questions grouped around the following topics:

- Descriptive family and household information;
- The family and Head Start;
- Family activities with the child;
- Child disabilities;
- Child activities and behavior;
- Household rules;
- Employment and income;
- Community services;
- Child care;
- Family health and safety;
- Home and neighborhood characteristics; and
- Personal feelings.

1.2 Organization

Section II contains a description of the elements of the parent interview and results of analyses of the information obtained from Head Start families. Chapter 2.0 covers the methodology of the FACES study. Chapter 3.0 presents descriptive findings on the sample of Head Start children, while Chapter 4.0 has more detailed descriptive information on the Head Start families, including mothers and fathers, as well as the households in general. The functioning of Head Start families is covered in Chapter 5.0, while Chapter 6.0 explores how family members were involved with their Head Start children. Chapter 7.0 presents a review of findings about the families' involvement with the Head Start program and Chapter 8.0 presents descriptive information on three subgroups: Families of children with disabilities, Hispanic families, and families with grandparents as primary caregivers.

2.0 Methodology

2.1 Overview

This chapter outlines the procedures that were followed for the selection of the FACES Head Start programs and children, and for the collection of data from the parents of these children. The end of the chapter provides a discussion of the strengths and limitations of this study component and a description of the results of the data collection effort. Information on the concurrent assessments and observations of children and classroom observations is available in the *FACES Technical Report II*.

2.2 The Sample Universe and Sampling Method

The primary sampling objective for the Head Start FACES was to provide a national probability sample of Head Start children to be used for descriptive and analytic purposes. The desired number of completed primary caregivers' interviews and children's assessments at the baseline data collection point in the fall of 1997 was 3,200. For sampling purposes, these children were identified by their age at the beginning of the program year.

The Sample Universe

Information about the available universe of Head Start programs was drawn from the 1995-96 Head Start Program Information Report (PIR) database. The PIR is a compilation of the descriptive information each program is required to submit at the conclusion of each program year. The universe of Head Start programs for this study was comprised of 1,734 programs (including both grantees that ran centers directly and delegate agencies that managed centers for grantees) that operated during the 1995 - 1996 program year in the 50 States, Puerto Rico, and the Territories of the United States. This universe did not contain those programs that were designated as American Indian or Migrant programs or those programs not serving 3- and 4-year-olds (Early Head Start). The 1,734 available Head Start programs served approximately 785,000 children aged 3 and older. Of the total number of children enrolled in these programs, 38% were African American, 34% were White, and 24% were Hispanic. The remaining children were Asian/Pacific Islander (3%) and American Indian/Alaskan Native (1%). Approximately 30% of all children enrolled in the Head Start Program universe were 3-year-olds, 64% were 4-year-olds, and 6% were older than 4 years of age.

The universe of programs was stratified on the basis of three variables: census region (Northeast, Midwest, South, and West), urbanicity (whether the zip code associated with the program address was located inside an urbanized area versus located outside an urbanized area), and the percentage of minority children in a program (greater than or equal to 50% minority enrollment versus less than 50% minority enrollment). The combination of these three stratification variables formed a 4 x 2 x 2 matrix with 16 cells. Exhibit 2-1 shows the total number of Head Start programs in each cell, the total number of study-eligible children enrolled, and the number of programs drawn from each cell for the sample.

Exhibit 2-1

Total Number of Programs Available, Total Enrollment of Children Aged 3 and Older, and the Number of Programs Drawn from Each Cell[a]

	Minority Enrollment Under 50%			
	Northeast	**Midwest**	**South**	**West**
Urban	72	96	32	36
	23,765	37,191	13,542	14,039
	1	2	1	1
Rural	89	192	156	70
	19,068	63,600	48,202	15,363
	1	3	2	1

	Minority Enrollment 50% or Higher			
	Northeast	**Midwest**	**South**	**West**
Urban	174	155	240	148
	71,296	93,614	177,878	106,316
	4	5	9	5
Rural	6	12	193	63
	1,663	4,338	75,283	19,646
	0	0	4	1

[a] Key to each cell of the table: Total number of programs;
Total enrollment of children aged 3 and older; and
Actual number of selected programs.

The sampling approach used a three-stage design. The first-stage was the selection of 40 Head Start programs. The universe of available Head Start programs was allocated to the 16 cells in proportion to the enrollment of children aged 3 and older contained in the 1995-96 PIR data for each stratum. The second stage of sampling involved the identification of four centers from those operated by each of the selected programs. The average Head Start program operated nearly seven centers, with a range from 0 through 131 (a small number of programs were entirely home-based and counted as having zero centers). The third stage of sampling was the identification of individual children in the selected centers.

The First-Stage: The Sample of 40 Head Start Programs

In a multi-stage sample design, Head Start programs were the Primary Sampling Units (PSUs). Because 40 PSUs was a relatively small number, it was necessary to carefully stratify the Head Start programs to ensure that the selected programs were well distributed on those characteristics that were likely to be correlated with the variables being measured. Information on the location of each of the programs in the study universe, the racial/ethnic composition of the children served, and the enrollment of children aged 3 and older was taken from the PIR database and used for stratification.

The selection of the 40 Head Start programs for FACES relied on the use of probability proportional to size (PPS) sampling, providing each Head Start family in the sample with an equal probability of selection. Use of PPS gave larger Head Start programs a greater chance of being selected. To use the PPS selection method, the measure of size for each program was the number of enrolled children aged 3 and older.

The universe of 1,734 programs was sorted into the four census regions (Northeast, Midwest, South, and West). In the 1995-96 PIR, the distribution of Head Start children aged 3 and older across the regions was: Northeast, 14.8%; Midwest, 25.3%; South, 40.1%; and West, 19.8%. Within each census region, the programs were sorted into two groups: 1) those located in a Metropolitan Statistical Area (MSA) county - urban, and 2) those located in a non-MSA county - rural. This sorting was done using a special data file that linked county level data with the zip code of the program office. This step provided a distinction between programs located in urban and rural areas. According to the 1995-96 PIR, about two thirds of Head Start children aged 3 and older were enrolled in programs where the offices were based in urban areas.

Within the MSA versus non-MSA grouping in each Region, programs were sorted on percentage of minority student enrollment above or below 50%. The use of these three stratifiers helped ensure that the sample of 40 programs was well distributed geographically with respect to urban versus rural locations, and also well distributed with respect to the racial/ethnic composition of the children being served. Thus, as shown in Exhibit 2-1, the first-stage sampling frame included 16 cells based on three strata: region (4) by urbanicity (2) by ethnicity (2). The exhibit also shows that two of the cells had a very small number of programs (≤ 12) and therefore had no sample programs drawn.

The final sample included eight programs that provided a majority of enrolled children with full day services and 10 others that provided such services to a minority of their children (approximately one quarter of all programs provided such services). As well, 16 programs provided home-based services to at least some of their children.

The Second-Stage: The Sample of Head Start Centers

The most efficient way to sample children was to start by selecting a random sample of Head Start centers.[1] As shown in Exhibit 2-2, of the programs selected, 36 had 4 or more centers. Because the PIR database did not contain information on the enrollment of children within individual centers, each of the 40 programs selected to participate was asked to provide a listing of their centers, as well as the actual number of children enrolled in each center for the 1996-1997 school year.

Exhibit 2-2
Distribution of Centers Within Programs in FACES and in the 1995-96 PIR

	Programs selected for FACES *N* = 40	1995-1996 PIR *N* = 1,734
Programs with less than 60 children total	0 (0.0%)	95 (5.5%)
Programs with 0 centers	0 (0.0%)	3 (0.6%)
Programs with 1 center	0 (0.0%)	283 (16.9%)
Programs with 2 centers	1 (2.5%)	164 (9.5%)
Programs with 3 centers	3 (7.5%)	149 (8.6%)
Programs with 4 or more centers	36 (90.0%)	1,040 (58.9%)

Prior to the project field test conducted in spring 1997 (see Section 2.8), a PPS sample of four centers was selected from each of the 40 programs, except for four programs that had less than four centers. A total of 157 centers was selected in the second stage sample.

When a new, larger cohort of children was selected for the main FACES study beginning in the fall of 1997, each sampled Head Start program was again asked to provide a current list of all their centers with an estimated number of 3- and 4-year-old children at each center who would be enrolling in Head Start for the first time that fall. Because the number of 3- and 4-year-old children to be selected was adjusted for each site to reflect the size of participating programs, additional centers (beyond the original four centers that participated in the spring 1997 field test) were added at some programs to provide the increased sample size. The total number of centers participating in the fall of 1997 was 180.

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[1] While the use of the term 'centers' broadly refers to the unit of direct service delivery, some Head Start programs included home-based services. These services were generally provided in small units (or were incorporated into operating centers for the purposes of reporting enrollment) that were considered 'centers' for the purposes of sampling.

The Third-Stage: The Sample of Head Start Children

The final stage of sampling involved the selection of Head Start children and families. Class rosters of children were obtained from each Head Start center selected during the second stage of sampling, identifying children new to Head Start and with the 3- and 4-year-old children listed separately within each class. In order to achieve the desired sample of 3,200 children and families, an over-sample of 3,648 was targeted. This over-sample assumed an 85% response rate, was comprised of 1,410 3-year-old children and 1,510 4-year-old children, and included the estimated 728 returning children who participated in the spring 1997 field test.

To determine the distribution of 3- and 4-year-old children across programs, the desired sample size of 1,200 3-year-old children was first allocated across the sampling strata in proportion to the estimated number of 3-year-old children in each stratum. The number of 3-year-old children targeted for selection from each program was based on the proportion of 3-year-old children in the sampling stratum and the proportion of 3-year-old children new to the Head Start program in the fall of 1997, making the probability of selection of a 3-year-old child approximately equal within each stratum. A similar procedure was adopted for determining the number of 4-year-old children to be selected from the program.

Once the allocation of the sample was determined at the program level, the numbers of 3- and 4-year-old children to be selected at the center-level were determined by dividing the number of 3-year-old children needed from a program by the number of centers in the sample from that program. This number was multiplied by the inverse of the ratio of the number of 3-year-old children in the program to the total number of children in the program. Children were randomly selected, across classes having the highest proportion of 3- and 4-year-old children new to Head Start.

2.3 Response Rate

A critical indicator of the success of any study is the actual participation or response rate of the individuals selected to participate. For this study, 3,648 families were targeted for participation, and 3,179 of these families provided signed consent forms prior to the beginning of the fall 1997 data collection, for an overall response rate (agreement to be in the study) of 87.1%. Exhibit 2-3 shows the number of completed interviews for each of the data collection waves.

Exhibit 2-3
Number of Completed Parent Interviews by Data Collection Wave

	Fall 1997	Spring 1998	Spring 1999
Targeted for recruitment	3,648	3,648	3,648
Signed consent forms	3,179	3,179	3,179
Parent interviews	2,983	2,688	806[a]/1,520[b]
Supplemental interviews		137[c]	

[a]Only parents of children who returned to Head Start for a second year.
[b]Parents of children who left Head Start in spring 1998 and were completing kindergarten in spring 1999.
[c]Parents who were not interviewed in fall 1997.

A number of strategies were used to both encourage families' continuing participation and minimize sample attrition. FACES posters were used to advertise the upcoming site visits. Appointment reminder postcards and FACES refrigerator magnets were mailed to homes one week prior to the visit and phone calls were made to each respondent the night before the interview to increase the probability that the respondents would keep their scheduled interview appointments. A monetary incentive of $15 was given to each participant for interview completion and participating classrooms were given developmentally appropriate toys for the children. At the end of the parent interviews, each respondent was asked to provide the names and addresses of three individuals who would always know their whereabouts. Respondents signed a release authorizing these individuals to provide this information to the study team, if necessary.

2.4 The Instruments

The research team developed a set of parent interview instruments, with consultation from ACYF staff and the investigators of the Head Start Quality Research Centers (1995-2000).[2] One instrument was used at baseline, with adaptations used for the two subsequent data collections. The parent interviews were designed to collect up-to-date information necessary to paint a current picture of Head Start families, while being sensitive to differences based on the backgrounds of the respondents. Wherever possible, existing measures were included, depending on their length, reliability and validity, and appropriateness for the study goals. Both the English and the Spanish parent interview forms are found in Appendices B1-B3.

During the baseline data collection, the typical length of time for administration of the English parent interview was about 55 minutes. When interviews were conducted in Spanish, the length of the interview increased by about 10-15 minutes. Bilingual staff was available to conduct interviews in Spanish, as needed. Arrangements were made through the local programs to have interpreters available for families who spoke languages other than English or Spanish. Interpreters were paid by the study team and were not members of the local Head Start program staff.

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[2] The Head Start Quality Research Centers (QRCs) represented a federally funded consortium of researchers with expertise in various areas of child and program development. This consortium was created to foster ongoing partnerships among ACYF, Head Start Grantees, and the academic research community, with a goal of enhancing quality program practices and outcomes.

Follow-up interviews were administered during the spring of 1998 and 1999. The baseline instrument was modified to include additional questions regarding the primary caregivers' experiences and satisfaction with Head Start over the previous program years. Baseline demographic information about the child, the family, and how the family became linked with Head Start was not asked after the first interview. However, if for some reason a family was unable to complete the fall 1997 baseline interview but was participating in spring 1998, a supplemental parent interview was used to gather this information at the conclusion of the regular spring 1998 interview.

2.5 Staffing

Site visit teams were created for each program. Teams were led by a Site Manager from either Abt or CDM, and included trained, experienced field interviewers. Local Head Start program staff or parents were hired temporarily to serve as On-site Coordinators. The responsibilities for each of the positions related to the parent interview are described below. The additional field staff members who were responsible for child assessments and classroom observations are described in the *FACES Technical Report II*.

- The **Study Coordinators** were senior staff from Abt and CDM who managed all site development activities with the programs, including materials development and all data collection logistics. Study Coordinators also supervised the training and work activities of the Site Managers, Field Interviewers, and On-site Coordinators.

- The **Site Managers**, who were members of the Abt or CDM research staff, each had primary responsibility for one or more specific sites. While in the field, they conducted the staff interviews, coordinated the completion of the parent interviews, interviewed parents (as needed), and completed quality checks of the completed instruments before shipping them to Abt for data entry. Site Managers also conducted the home interviews with the case study families as well as the case study monthly telephone interviews between site visits (See Section IV for further information regarding the case study).

- The **Field Interviewers** were drawn from a national pool of experienced data collectors, and included a number of bilingual staff who were able to interview both English-speaking and Spanish-speaking parents. Every attempt was made to culturally match interviewers to the study population. Their responsibility was to conduct parent interviews.

- The **On-site Coordinators** (OSC) were local Head Start staff or parents, who were nominated by the local Head Start Directors, and worked under the supervision of the Abt and CDM Study Coordinators. They distributed project information to staff and parents, recruited parents, obtained consent forms, scheduled both parent and staff interviews prior to the visits, and assisted with the collection of attendance data throughout the year. At the end of each round of data collection, the OSCs received a stipend for their work. In some cases, this role was shared by more than one individual per program, based on the workload (number of children) and the distance from one selected center to another (centers in some programs were hundreds of miles apart). During the visits, the OSCs provided general logistical support but did not conduct interviews.

The Site Managers and Field Interviewers each attended two days of training in Washington, DC, prior to the first data collection. Prior to each subsequent data collection, the field staff received a single day of training. Information from the pilot test site visits (see Section 2.7) and experience from previous work on the *Descriptive Study of Head Start Health Services* (Keane, O'Brien, Connell, & Close, 1996), conducted in 1994, provided the foundation for this training. Training manuals that included study background information, general interviewing and confidentiality procedures, and specific field and administrative procedures were provided to each member of the site visit teams. OSCs received detailed training, instruction, and close, on-going supervision directly from the Study Coordinators.

2.6 Description of Data Collection Procedures

Following contact with the ACF Regional Offices and the mailing of letters from the Associate Commissioner of Head Start, the Study Coordinators called the 40 selected local programs to invite them to participate in the study. All selected programs agreed to participate. Programs provided all information required to draw the subsequent samples of centers and children. OSCs were identified, and arrangements were made to recruit selected families into the study and to set up the logistics of the visits (e.g. space, interview schedule). Materials, such as FACES brochures, FACES posters, refrigerator magnets, and reminder postcards were used to inform parents of the project and of the interview schedule.

A site visit team was sent to most programs for a two-week visit to conduct the parent and staff interviews, child assessments, and both child and classroom observations, as well as to collect the case-study data. A description of the data collection methodology as well as the findings from the child assessments and child and classroom observations can be found in the *FACES Technical Report II*. One large program took 4 weeks to complete, while one small program required only a one week visit.

In most instances, parents were interviewed privately in spaces arranged at their local Head Start centers, although some parents were interviewed at alternate locations, mostly homes. When parents were unavailable for their scheduled interviews, field staff worked with the OSCs to reschedule the interviews before the end of the site visit. Completed interviews were quality checked for missing data and coding errors, corrected if necessary, and forwarded to Abt for processing.

2.7 Confidentiality

Confidentiality was assured for all study respondents, parents and staff. At the time of recruitment, Head Start Directors were assured that this project was a descriptive study, and not an evaluation of their programs' or centers' effectiveness or compliance with the Program Performance Standards. Parents also received assurances prior to the interview that their responses would not be shared with Head Start program staff or subsequent school staff and would be reported only as part of group statistics for all the participating Head Start parents. Researchers obtained signed, informed consent (Appendix B4) from all parents prior to any participation by themselves or their children.

2.8 Tests of Procedures and Instruments

Pilot Test

During the development of parent and staff interviews, a series of pilot interviews was completed to establish the readability and comprehensibility of questions (in English and Spanish) with the target population as well the efficiency of the data collection procedures. The pilot test was completed at two Head Start programs, one urban and one rural, in February of 1997. The research team conducted interviews with appropriate Head Start staff and with four parents at each site, and completed child assessments and classroom observations. Many improvements in the parent interview resulted from feedback from respondents, as well as from debriefing sessions with parent interviewers after the conclusion of the pilot data collection.

The pretest not only assessed the instruments and data collection procedures but it also carefully tested the process for managing the multi-faceted data collection in a way that minimized the burden placed on programs for staff time and resources, the level of intrusion on normal program operations, and the burden placed on parents and children. The lessons learned from the 'hands-on' experience of this pilot test were incorporated into the revised OMB clearance submission and used to amend the procedures for the spring 1997 field test.

Field Test

A large field test was completed with approximately 2,400 children and families who were studied in all 40 of the sampled Head Start programs in the spring of 1997. The field test was an opportunity to assess the feasibility of interviewing and assessing parents and children on a large scale using the data collection instruments modified after the pilot test, as well as provide valuable information on the status of Head Start programs, children, and families. The procedures and results of this field test can be found in the *Head Start Program Performance Measures: Second Progress Report* (1998b).[5]

2.9 Data Management and Child Weights

Questionnaires were reviewed in the field by the Site Managers, who noted any missing data that needed to be recovered and provided feedback to the interviewers as needed. A second review was completed when the forms were returned to the Abt project office. Upon completion of each site visit and subsequent data checking and data entry, all written responses to open-ended questions were coded. Data at this level were weighted to produce national Head Start estimates.

Weights[6]

Cross-sectional weights were generated for the fall 1997 and spring 1998 data, with additional weights created for use with the longitudinal findings. The **fall 1997 child cross-sectional weights** were calculated as the inverse of the product of the probabilities of selection at each stage of sampling. Using program level information from the PIR and center level information collected directly from the programs, three levels of weights -- program, center, and child -- were generated using the formulas below.

For each child, the final child weight = (program weight) x (center weight) x (child weight), where

program weight $= \dfrac{(\#\text{3 - and 4 - year olds in stratum h})}{n_h * (\#\text{3 - and 4 - year olds in program})}$; $h = 1, 2, ..14$ and n_h = # programs sampled in stratum h,

center weight $= \dfrac{(\#\text{3 - and 4 - year - olds in program})}{m * (\#\text{3 - and 4 - year - olds in center})}$, m = # centers sampled in program,

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[5] This report can be found on the CORE web page: http://www.acf.dhhs.gov/programs/core/ongoing_research/faces/faces_intro.html or be requested by fax (703-683-5769) or email (hspmc6@mail.idt.net).

$$\textbf{child weight for new 3-year-olds} = \frac{\text{\# new 3-year-olds listed in center}}{\text{\# new 3-year old sampled respondents in center}},$$

$$\textbf{child weight for new 4-year-olds} = \frac{\text{\# new 4-year-olds listed in center}}{\text{\# new 4-year old sampled respondents in center}}, \text{ and}$$

$$\textbf{child weight for children returning from the field test} = \frac{\text{\# returning children estimated for center}}{\text{\# returning field test children in center}}.$$

A final adjustment was made to each of these child weights so that they represented the full population of Head Start children. This adjustment was made by multiplying each child weight by the ratio of the expected number of children in Head Start in each category (new 3-year-olds, new 4-year-olds, returning 4-year-olds, as determined by the PIR) to the sum of the weights of the actual children in the study. As a result of the weighting procedure, the fall 1997 sample was weighted to represent a Head Start population of 779,785.

The three **spring 1998 child cross-sectional weights** were generated by making adjustments to the original fall 1997 cross-sectional weights to account for the change in sample size from fall to spring. This is shown in the following formulas:

$$\textbf{child weight for new 3-year-olds} = \frac{\text{\# new 3-year-olds in study in fall 1997}}{\text{\# new 3-year olds remaining in spring 1998}},$$

$$\textbf{child weight for new 4-year-olds} = \frac{\text{\# new 4-year-olds in study in fall 1997}}{\text{\# new 4-year olds remaining in study in spring 1998}}, \text{ and}$$

$$\textbf{child weight for children returning from the field test} = \frac{\text{\# returning field test children in study in fall 1997}}{\text{\# returning field test children in study in spring 1998}}.$$

As a result of this weighting procedure, the spring 1998 sample was weighted to represent a Head Start population of 763,671.

The **child longitudinal weights** were generated for two groups of families: 1) those families in which the same respondent participated in both the fall 1997 and the spring 1998 parent interviews, and 2) those families in which the same respondent participated in the fall 1997, the spring 1998, and the spring

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[6] This subsection was adapted from work by Westat for the *FACES Technical Report II*.

1999 parent interviews. In each case, the fall 1997 child weight was adjusted for non-response by multiplying the weight by a program-level factor that accounted for the number of families that had different interview respondents over time or who did not complete the interview due to refusal, an inability to contact the family at the time of the visit (although the family was still enrolled in Head Start), or the inability of the parent to be available to the interviewers during the time of the site visit. Weights were multiplied by a factor based on the following formula:

$$\frac{\text{\# returning children in study in spring 1998}}{\text{\# returning children in study in spring 1998} + \text{\# unable to interview} + \text{\# with different respondent from fall 1997}}.$$

The application of this weighting procedure for the longitudinal sample, families who were in Head Start from fall to spring, resulted in a representation of 634,949 Head Start families.

Data Analysis

Analyses were conducted in SAS and SUDAAN using unweighted and weighted data. Weighted findings are presented in the report, unless specified. As part of the routine data analysis strategy, care was taken to minimize the effects of multiple tests (i.e., increasing Type I error) by identifying and completing only those analyses that were meaningful to meeting the study goal of providing a descriptive picture of Head Start families and staff. However, because this was a descriptive study, between group differences are typically presented, whether there were significant differences present or not. In the presentation of data, where '*N*' refers to the sample size, it indicates that the entire sample was used. In cases where the sample size is preceded by '*n*', this indicates that the sample was less than the entire sample due to missing data, planned skip patterns in the questions, or the presentation of data for selected subsets of families. The '*N*'s' that are reported in the text and exhibits are unweighted.

2.10 Strengths and Limitations of the Research

The collection of data at three time points provides some ability to look at prediction and change over time, but the overall time period used is still relatively limited – about 18 months for families who completed all three interviews, and 6-7 months for families who were in Head Start for only one year. To this end, it is recognized that the study has both strengths and weaknesses.

Strengths

The stratification plan used for the random sample provides a representative view of the general Head Start population, allowing child-level data to be weighted and national estimates produced. At the time of the data collection, this was the largest national sample of Head Start families ever studied, increasing the power to detect differences between subgroups of Head Start families. The large sample size also improved the ability to learn more about the many different populations represented among Head Start families, such as families with children having a diagnosed disability, families experiencing welfare reform, and different ethnic groups.

As a descriptive longitudinal study, FACES provides a unique, comprehensive look at a nationally representative group of children and families, including some who attended the program for two years. The ecological research design provides information from several different developmental contexts, including home, school, and neighborhoods, as well as information on how areas of broader social change influence Head Start children and families. This study is providing information that Head Start can use at both the national and local levels to effect programmatic changes that can quickly benefit the families that are served.

Limitations

A primary limitation of a descriptive study is that it does not provide conclusive findings regarding the actual impact of Head Start on children and families. Without a control or comparison group, it is difficult to infer causal relationships between positive or negative outcomes and a family's Head Start experience.

The large number of topics addressed in the parent interview and the efforts to minimize the time burden on the participating families prevented the parent interview instrument from going into detail on any particular topic. While this strategy fit with the original goal of describing Head Start families, it has also left some questions unanswered.

2.11 Parent Interview Descriptors

The following tables present the basic information describing the collection of data at each of the three time points. Exhibit 2-4 shows the range of respondents (based on their relationship to the Head Start children) who were interviewed in fall 1997, while Exhibit 2-5 provides information on the relationship of the respondents, the location of the interviews, and the number of repeat respondents over the three data collection waves. As shown in these exhibits, almost 90% of the respondents were mothers (range = 86.1% to 88.0% over three time points), while fathers added an additional 5% (range = 4.8% to 5.1%) to this figure. A majority of the interviews were typically conducted in the Head Start centers (range = 74.0% to 79.4%).

Exhibit 2-4
Relationships of the Fall 1997 Respondents to the Head Start Children

	N	Weighted Percentages		*N*	Weighted Percentages
Mother	2,670	87.8	Brother/stepbrother	0	0.0
Father	151	5.1	Other relative or in-law (female)	21	0.7
Stepmother	10	0.3	Other relative or in-law (male)	1	0.0
Stepfather	4	0.1	Foster parent (female)	34	1.1
Grandmother	125	4.2	Foster parent (male)	1	0.0
Grandfather	3	0.1	Other non-relative (female)	4	0.1
Great grandmother	5	0.2	Other non-relative (male)	0	0.0
Great grandfather	0	0.0	Parent's partner (female)	2	0.1
Sister/stepsister	1	0.0	Parent's partner (male)	1	0.0

Exhibit 2-5
Characteristics of the Parent Interviews over Three Data Collection Waves

	Unweighted Percentages		
Characteristics	Fall 1997 (*N* = 2,983)[a]	Spring 1998 (*N* = 2,688)	Spring 1999 (*N* = 806)
Relationship of Respondent to Head Start Child			
Mother	87.8	88.0	86.1
Father	5.1	4.8	4.8
Grandmother	4.2	4.3	5.0
Other	2.9	2.9	4.1
Location of Interview			
Head Start center	79.4	76.0	74.0
Home	14.4	17.6	20.1
Other location	3.0	6.4	5.8
Repeat Respondents			
Fall 97 and spring 98		85.2	
Fall 97, spring 98, spring 99			23.2[a]

[a] Percentage reflects families from original sample who returned to Head Start for a second year.

3.0 Head Start Children

3.1 Overview

This chapter describes the Head Start children who were participants in the study. Information was collected through the parent interviews. The screening of respondents at the start of each interview required that each respondent be the person most responsible for the target child's care – that is, a primary caregiver. Because over 90% of the respondents to the interviews were mothers or fathers, respondents will be referred to in this report as 'parents.'

3.2 Children's Demographics

The sample of children was evenly balanced between boys (50.3%) and girls (49.7%). As shown in Exhibit 3-1, the percentages of boys and girls varied only slightly within the subgroups of 3-year-olds and 4-year-olds. The children primarily fell into three ethnic groups: African American (28.8%), White (30.7%), and Hispanic (27.6%). Across the 3- and 4-year-old subgroups, the proportion of Whites was very consistent, while African Americans were the group most likely to be represented among the 3-year-olds. Children in the Hispanic group made up a larger proportion of the 4-year-old group than the 3-year-old group.

Exhibit 3-1
Primary Demographic Characteristics of Head Start Children

	Weighted Percentages		
	All (*N* = 3,120)	Age 3 (*n* = 1,129)	Age 4 (*n* = 1,991)
Gender			
Boys	50.4	48.7	51.2
Girls	49.6	51.4	48.8
Ethnicity			
African American	28.8	34.7	26.1
White	30.7	29.0	31.4
Hispanic/Latino	27.6	22.5	30.0
Native American	1.9	2.3	1.7
Asian/ Pacific Islander	1.3	1.3	1.3
Other[a]	8.7	8.7	8.6

[a] 'Other' generally refers to children who were identified as belonging to multiple ethnic groups.

The distribution of gender did not vary by urbanicity, and varied only slightly across the geographic regions. The distribution of ethnicity was explored within the urban/rural and geographic classifications. It is shown in Exhibit 3-2 that the two largest proportions of the urban group were African Americans (34.2%) and Hispanics (35.4%). While Whites were less than one fifth (17.9%) of the urban group, they represented more than one half (56.6%) of the rural group. African Americans (17.9%) and Hispanics (12.0%) represented much smaller proportions of the rural group.

Exhibit 3-2
Primary Demographic Characteristics of Head Start Children by Urbanicity and Geographic Region

	Weighted Percentages					
	Urbanicity		Geographic Region			
	Urban (*n* = 999)	Rural (*n* = 2,122)	Northeast (*n* = 432)	South (*n* = 1,316)	Midwest (*n* = 778)	West (*n* = 594)
Gender						
Boys	50.6	50.0	44.9	51.6	51.3	51.3
Girls	49.4	50.0	55.1	48.4	48.8	48.7
Ethnicity						
African American	34.2	17.9	31.5	38.4	29.6	8.9
White	17.9	56.6	28.0	24.3	50.4	23.2
Hispanic	35.4	12.0	26.9	26.6	9.0	49.5
Native American	1.2	3.4	0.8	1.4	2.2	3.3
Asian/ Pacific Islander	1.8	0.3	2.2	0.8	0.7	2.2
Other[a]	8.3	9.4	9.4	7.4	7.5	11.7

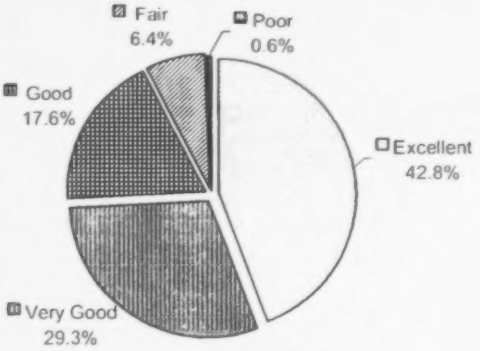
[a] "Other" generally refers to children who were identified as belonging to multiple ethnic groups.

3.3 Children's Health Status and Reported Disabilities

Parents reported on the health status of their children using a scale of excellent to poor. Almost three quarters of the parents reporting that their children's health was either excellent (42.8%) or very good (29.3%). Exhibit 3-3 displays the range of parents' responses regarding their children's health.

Exhibit 3-3

Children's Health Status as Reported by Parents



One factor that has implications for child health is birthweight. Parents were asked to report the weight of their children at birth, and based on this weight children were classified as normal, low birthweight, or very low birthweight. Exhibit 3-4 shows that 90.0% of the children were considered to be normal birthweight. Most of the remaining children (8.2%) were classified as low birthweight, while relatively few children (2.0%) were very low birthweight. The ethnic composition of the three birthweight groups indicates that Whites made up a relatively small proportion of the very low birthweight group, while Hispanics made up the largest proportion of the very low birthweight group. African Americans made up a higher proportion of the two low birthweight groups (about 35%) than the normal weight group (27.9%).

Exhibit 3-4

Child Birthweight Categories by Ethnicity as Reported by Parents

	Weighted Percentages		
	Normal	Low	Very Low
All families	90.0	8.2	2.0
White	31.3	28.8	14.9
African American	27.9	35.7	35.8
Hispanic	27.8	26.9	38.1
Native American	2.1	0.4	0.0
Asian/ Pacific Islander	0.9	1.1	0.9
Other[a]	8.9	6.7	8.3

[a] "Other" generally refers to children who were identified as belonging to multiple ethnic groups.

In considering the distribution of the different birthweight categories within ethnic groups (Exhibit 3-5), the groups with the largest proportion of very low birthweight children were Hispanics (2.5%) and African Americans (2.3%). Over 80% of all the ethnic groups were classified as normal birthweight. The exception was the Asian/Pacific Islander group, which, while predominantly of normal weight (61.7%), also had the largest percentage of children with unreported birthweights.

Exhibit 3-5
Child Birthweight as Reported by Parents within Ethnic Groups

	Weighted Percentages						
	All (*N* =3,120)	White (*n* = 859)	African American (*n* = 1,137)	Hispanic (*n* = 760)	Native American (*n* = 57)	Asian/ Pacific Islander (*n* = 32)	Other[a] (*n* = 250)
Normal >2500gms	85.8	87.5	83.1	86.2	93.5	61.7	88.6
Low ≤2500gms and >1500gms	7.6	7.2	9.5	7.4	1.8	6.8	5.9
Very Low (≤1500gms)	1.8	0.9	2.3	2.5	0.0	1.3	1.8

[a] 'Other' generally refers to children who were identified as belonging to multiple ethnic groups.

With Head Start's documented interest in serving children with disabilities, it is important to understand the prevalence of disabilities within the Head Start population. When asked to report whether or not their children had a disability, almost one fifth of the parents responded that a disability was present (19.1% in fall 1997, 18.2% in spring 1998). In Exhibit 3-6, the parent report numbers are contrasted with the national Head Start numbers reported in the 1997-1998 PIR. The percentage of all Head Start children with a disability, as indicated in the PIR, is 13.0%, less than was noted in the parent report. This difference in the reported percentages is most likely due to the fact that the PIR required the reported disability to be professionally diagnosed, while parents interviewed for FACES were not asked to verify that the reported disability was professionally diagnosed.

The disability most commonly reported by parents and in the PIR was speech and language impairment. The PIR reported this problem for just under one tenth (9.3%) of the Head Start children, while speech or language impairments were noted by 13.9% of the parents in fall 1997 and 13.6% of the parents in spring 1998. No other category of disability was reported for more than 2.5% of the children, and most disabilities, listed in Exhibit 3-6, were reported for less than 1% of the sample. Approximately 5% of the children (5.5% in fall 1997, 4.2% in spring 1998) were reported to experience multiple disabilities. A more complete discussion of families with children who have disabilities can be found in Chapter 8.

Exhibit 3-6
Children's Disabilities as Reported by Parents and from the PIR[a]

	Weighted Percentages		Unweighted Percentages
	Fall 1997 (*N* = 2,983)	Spring 1998 (*N* = 2,688)	PIR 1997-1998 (*N* =793,809)
Total Disabled	19.1	18.2	13.0
Types of Disabilities			
Learning disabled	0.5	0.9	0.3
Mental retardation	0.1	0.3	0.2
Speech or language impairment	13.9	13.6	9.3
Speech impairment	*11.8*	*12.1*	----
Language impairment	*3.5*	*2.8*	----
Emotional/behavioral disorder	2.4	2.2	0.7
Hearing impairment including deafness	1.4	1.3	0.2
Deafness	*0.3*	*0.4*	----
Other hearing disorder	*1.2*	*1.0*	----
Visual impairment including blindness	*0.7*	*0.7*	0.1
Blindness	*0.0*	*0.0*	----
Other visual impairment	*0.7*	*0.7*	----
Orthopedic impairment	0.8	0.5	0.3
Health impairment	0.4	0.4	1.1
Autism	0.2	0.2	0.1
Traumatic brain injury	0.0	0.0	0.0
Other developmental delay	0.7	0.7	----
Other reported disability	3.5	2.7	----
Children with multiple disabilities	5.5	4.2	----

[a] Reports from the Head Start PIR reflect children with professionally diagnosed disabilities.

3.4 Children's Behavior and Academic Skills

In the fall of 1997, parents were asked to rate their children in several different areas, including child behavior and pre-reading skills. As shown in Exhibit 3-7, children generally received high scores on the Social Skills and Positive Approach to Learning Scale and low scores on the Behavior Problem

Index (and subscales). The Emergent Literacy Scale showed a moderate range of scores for the Head Start children.

Exhibit 3-7
Children's Behavior and Academic Skills, as Rated by Parents[a]

Characteristic	Fall 1997			
	Mean	SE	Median	Scale Range
Social Skills and Positive Approach to Learning Scale[1]	12.0	0.05	12.0	0-14
Behavior Problem Index[2]	6.2	0.10		0-24
Aggression subscale[3]	3.0	0.04	3.0	0-8
Hyperactive subscale[4]	1.8	0.04	2.0	0-6
Withdrawn subscale[5]	1.3	0.04	1.0	0-10
Emergent Literacy Scale[6]	2.1	0.01	2.0	0-5

[a] Reported statistics are based on the weighted sample. Unweighted $N = 2,983$.
[a] Reported means are based on the weighted sample.

With regards to gender and ethnic differences, Exhibit 3-8 shows that girls were rated slightly higher on the positive social behaviors and emergent literacy than boys, while the boys received slightly higher reports of behavior problems than girls. Scores on both scales varied little across ethnic groups except that Hispanics were rated slightly higher on problem behaviors and slightly lower on emergent literacy. For a more complete discussion of children's literacy see the *FACES Technical Report II.*

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[1] A summary score of 7 parent-reported behavior items rated on a 3-point scale ranging from "not true" to "very true or often true." Scores ranged from 0-14, with higher scores representing more positive behavior.

[2] An adaptation of the Achenbach Child Behavior Checklist (Total Problem Behavior Index). Each of 12 behavior items, based on parent report, is rated on a 3-point scale ranging from "not true" to "very true or often true." Summary scores ranged from 0-24, with higher scores representing more frequent or severe negative behavior.

[3] A subscale of the Total Problem Behavior Index, each of four items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child hits and fights with other children, has temper tantrums, doesn't get along with others, and is disobedient at home. Subscale scores ranged from 0-8.

[4] A subscale of the Total Problem Behavior Index, each of three items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child can't pay attention for long, is very restless, and is nervous, high-strung, or tense. Subscale scores ranged from 0-6.

[5] A subscale of the Total Problem Behavior Index, each of five items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include whether child is unhappy, worries, feels worthless, has difficulty making changes, or acts too young. Subscale scores ranged from 0-8.

[6] A summary score of 5 parent-reported child skills including whether child can identify all of the primary colors, recognize most or all letters of the alphabet, count to twenty or higher, write rather than scribble, and write own name. Scores ranged from 0-5.

Exhibit 3-8
Mean Scores for Child Behavior and Academic Skills as Rated by Parents within Gender and Ethnicity

	Fall 1997						
		Gender		Ethnicity			
Characteristic	All	Boys	Girls	White	African American	Hispanic/ Latino	Other
Unweighted *N*	2,983	1,510	1,473	826	1,050	752	331
Social Skills and Positive Approach to Learning Scale	12.0	11.8	12.3	12.0	12.0	12.1	12.1
Behavior Problem Index	6.2	6.6	5.7	6.1	6.0	6.6	5.8
Aggression subscale	3.0	3.2	2.8	3.1	3.0	3.1	2.8
Hyperactive subscale	1.8	2.0	1.6	1.8	1.7	2.0	1.7
Withdrawn subscale	1.3	1.4	1.2	1.2	1.2	1.5	1.4
Emergent Literacy Scale	2.1	1.9	2.3	2.3	2.1	1.8	2.4

3.5 Summary

Chapter 3 provides descriptions of the Head Start children. The following is a summary of the key findings.

- The sample of children was evenly balanced between boys and girls and was comprised mostly of three ethnic groups: African American (28.8%), White (30.7%), and Hispanic (27.6%)
- The reported health status of the children was good, with almost three quarters of the parents reporting that their children's health status was either excellent or very good.
- Almost all of the children were classified as normal birthweight. White children made up a relatively small proportion of the very low birthweight, while Hispanics made up the largest proportion of the very low birthweight group. African American children were a higher proportion of the low and very low birthweight groups.
- Almost one fifth of the parents reported that their children had a disability; however, parents were not asked to verify that the reported disability was professionally diagnosed. The most commonly reported disability was a speech or language impairment.
- Based on parent reports, children generally received high scores on the Social Skills and Positive Approach to Learning Scale and low scores on the Behavior Problem Index (and subscales). Girls were rated slightly higher than boys on the Social Skills and Positive Approach to Learning Scale, while boys scored higher than girls on the Problem Behavior Index.

4.0 Head Start Families

4.1 Overview

Findings from the in-person interviews conducted with Head Start parents in the fall of 1997, the spring of 1998, and the spring of 1999 were used to describe the characteristics and accomplishments of their families and households. Chapter 4 presents the findings from these interviews. As noted earlier, the standard format for this Report is to refer to the respondents as parents. However, in the first part of this chapter, the respondents are discussed as primary caregivers, as data are presented on three subgroups of caregivers: mothers, fathers, and non-parental caregivers.

At the end of this chapter is a set of three supplemental exhibits. These exhibits were created to allow an alternative presentation of the relationship between some of the selected variables that are presented in Chapter 4 and the following: ethnicity, geographic region, and urbanicity. References to these exhibits will appear in appropriate sections of the chapter.

4.2 The Primary Caregivers

Respondents were identified prior to the parent interview as the primary caregivers[1] of the targeted Head Start children. The majority (92.9%) of primary caregivers were parents, with 87.8% identified as mothers. Exhibit 4-1 contains data describing the demographic characteristics of the primary caregivers who completed the parent interviews. The first column in the exhibit focuses on all primary caregivers. The second column displays data describing mothers as primary caregivers, the third presents data describing fathers as primary caregivers, and the fourth column represents descriptions of non-parental caregivers.

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[1] A primary caregiver was defined as the person most responsible for the care of the child.

Exhibit 4-1

Demographic Characteristics of the FACES Primary Caregivers

Demographic Characteristics	Weighted Percentages			
	All (*N* = 3,120)	Mothers (*n* = 2,670)	Fathers (*n* = 151)	Non-parental Caregivers (*n* = 212)
Age				
Less than 20 years old	2.6	2.8	0.0	1.3
21-29 years old	53.2	56.9	50.5	9.0
30-39 years old	32.5	34.0	35.3	11.5
40 and older	11.7	6.3	14.2	78.1
Mean age	30.4	29.0	31.4	47.3
Median age	28.4	27.8	29.4	47.9
Nativity				
Born in country other than U.S.	18.7	19.6	26.4	7.0
Less than 5 years in U.S.	2.2	2.2	4.8	0.0
Marital Status				
Married	42.1	42.1	62.5	43.6
Single, never married	33.7	36.4	12.8	13.2
Divorced or widowed	13.5	11.7	17.8	33.9
Married, but separated	9.6	9.8	6.9	9.2
Education and Training				
Less than high school	27.5	27.5	19.4	32.4
High school diploma or GED	37.6	37.3	45.7	36.3
Some college/AA degree	32.1	32.6	28.2	27.6
College degree or higher	2.3	2.5	6.7	3.7
Vocational or trade school	41.9	41.0	52.4	45.4
Certificate or licenses	37.7	36.2	46.6	47.5
CDA	1.2	1.0	0.9	4.5
Working toward a degree	24.3	25.4	20.6	13.9
Trade license or certificate	4.8	4.8	6.0	4.9

Demographic Characteristics	Weighted Percentages			
	All (*N* = 3,120)	Mothers (*n* = 2,670)	Fathers (*n* = 151)	Non-parental Caregivers (*n* = 212)
GED or high school diploma	6.6	7.4	1.4	2.0
CDA	0.5	0.5	0.0	0.4
Associate's degree	4.2	4.5	5.6	1.2
Bachelor's degree or higher	4.4	4.5	5.5	4.0
Employment Status				
Full-time	34.0	32.2	65.4	35.7
Part-time or seasonal	18.3	19.2	14.1	9.8
Not employed	47.6	48.3	20.2	54.1

Age

Almost all of the primary caregivers were in their twenties (53.2%) or thirties (32.5%) in the fall of 1997. Only a few (2.6%) of the primary caregivers were less than 20 years old, and just slightly more than one tenth (11.7%) of caregivers were 40 years or older. The mean age (30.4 years) and median age (28.4 years) of all primary caregivers was similar to the ages of mothers as caregivers (*M* = 29.0 years; *Mdn* = 28.4 years). Fathers as caregivers were slightly older (*M* = 31.4 years; *Mdn* = 29.4 years), while the mean (47.3 years) and median (47.9 years) ages of the non-parental caregivers were higher than the mean and median ages of the caregivers who were mothers or fathers. The majority of the non-parental caregivers (78.1%) were in the 40 and older age range.

The three supplemental exhibits at the end of the chapter provide the opportunity to look at the distribution of age across ethnicity, urbanicity, and geographic region. As shown in Exhibit 4-15, the mean age of all primary caregivers varied only slightly across ethnic groups. The greatest proportions of primary caregivers who were less than 29 years old came from the Midwest (61.1%) and the South (59.1%), although almost one half of the caregivers in the Northeast (47.8%) or the West (49.7%) were also under 29 years of age (Exhibit 4-17). A slightly higher percentage of primary caregivers under the age of 29 lived in urban areas (59.9%), although more than one half of the primary caregivers who lived in rural areas (53.6%) were under 29 years of age, as well (Exhibit 4-16).

Nativity

Less than one fifth of all primary caregivers (18.7%) were born in a country other than the United States, with only 2.2% of all primary caregivers having reported that they had resided in the United States for less than five years. Fathers had the highest proportion of individuals (26.4%) who reported being born in a country other than the United States. Among non-parental caregivers, 7.0% reported being born outside of the United States, but all of them resided in the United States for more than five years.

In the supplemental exhibits, Exhibit 4-15 shows that the primary caregivers of Hispanic (53.4%) and Asian (86.9%) children had the highest proportion of caregivers born in a country other than the U.S., while only small numbers of the caregivers of African American (3.2%) or White children (2.4%) were born outside this country. Much higher proportions of primary caregivers from the West (35.9%) or the Northeast (28.5%) were born in a country other than the United States than were caregivers who lived in the Midwest (8.6%) or the South (11.2%) (Exhibit 4-17). Exhibit 4-16 shows that a higher proportion of caregivers from urban areas (23.9%) were born outside the United States than caregivers from rural areas (8.1%).

Marital Status

Less than one half of all primary caregivers (42.1%) were married. About one third (33.7%) reported being single, while almost one quarter (23.1%) were divorced, separated, or widowed. A higher percentage of fathers as caregivers (63.5%) reported being married than did mothers as caregivers (42.1%) or non-parental caregivers (43.6%).

As shown in Exhibit 4-15 of the supplemental exhibits, slightly more than three fifths of the caregivers of African American children (60.9%) were single and never married, while fewer caregivers of White (18.4%) or Hispanic children (24.4%) were single. Among the geographic regions (Exhibit 4-17), the Northeast (42.5%) had the largest proportion of single, never married caregivers. In the other regions, one third to one quarter of the caregivers were classified as single, never married. In urban areas, 36.8% of the caregivers were reported to be single, while the same classification applied to 27.4% of the rural caregivers.

Education and Training

Almost three fourths of all primary caregivers (72.0%) had at least a high school diploma or GED. Although one third of all caregivers (32.1%) reported they attended some college or received an Associates degree, only 2.3% had a college degree or higher. More than two fifths of all primary caregivers (41.9%) had attended a vocational or trade school, and 37.7% had received a certificate or license. Only 1.2% of all primary caregivers had Child Development Associate (CDA) training. Approximately one fourth (24.3%) of all primary caregivers reported that they were working toward a degree, certificate, or license in the fall of 1997, with 6.6% working toward a high school diploma or GED. Of those who reported they were working towards a degree, about one fourth (24.1%) indicated they had completed the degree by the time of the spring 1998 parent interview.

When comparing education and training across the different types of caregivers, a greater proportion of non-parental caregivers (32.4%) had less than a high school diploma or GED than mothers as caregivers (27.5%) or fathers as caregivers (19.4%). Slightly more than one half of the fathers as caregivers (52.4%) reported having attended vocational or trade school than did mothers as caregivers (41.0%) or non-parental caregivers (45.4%), and fewer non-parental caregivers (13.9%) reported that they were currently working toward a degree, certificate, or license than did mothers as caregivers (25.4%) or fathers as caregivers (20.6%).

The ethnicity supplemental exhibit (Exhibit 4-15) indicates that the largest proportion of the caregivers of Hispanic children (39.6%) reported having less than a high school education, while the largest proportion of caregivers of White children (43.5%) had a high school diploma or GED, with an additional one third (34.7%) having attended some college or received an Associate's degree. Most caregivers of African American children had either a high school diploma (34.4%) or had attended some college (36.7%). Among primary caregivers who lived in the Northeast, 40.7% attended some college, slightly higher than the proportion of caregivers from families in the Midwest (32.8%), South (34.9%), or West (34.8%) (Exhibit 4-17).

Employment

Over one half of all primary caregivers (52.4%) were employed in the fall of 1997, 34.0% had full-time jobs and 18.3% were working part-time or had seasonal work. Fathers as caregivers (79.8%) were more likely to be employed than mothers as caregivers (51.5%) or non-parental caregivers (45.9%). Among those parents who responded to both the fall 1997 and spring 1998 questionnaire, 50.7% were employed in the fall of 1997 (32.6% full-time; 18.1% part-time) and both overall employment (55.7%) and full-time employment (38.8%) had increased by the spring of 1998.

The supplemental exhibits show that the primary caregivers of Hispanic children (52.6%) had a slightly higher rate of unemployment than caregivers of African American children (46.0%) or White children (45.1%) (Exhibit 4-15). Less than one half of the primary caregivers in the Northeast (43.6%) were employed, while a majority of the caregivers in the Midwest (56.5%), South (53.1%), and West

(52.3%) were employed (Exhibit 4-17). Finally, slightly more than one half of the primary caregivers from both rural areas (55.2%) and urban settings (50.8%) were employed (Exhibit 4-16).

4.3 Mothers and Fathers Who Were Not the Interview Respondents

Additional questions were asked during the interview about parents who were not respondents, many of whom were also considered primary caregivers. Exhibit 4-2 displays information regarding both household and non-household mothers' and fathers' education and employment, as well as the financial support and rate of visitation provided by the non-household parents for their children.

Exhibit 4-2
Description of Parents Who Were Not Respondents: Household Fathers, Non-Household Fathers, Household Mothers, and Non-Household Mothers

Characteristics	Weighted Percentages, Spring 1998			
	Fathers		Mothers	
	Household (*n* =1,085)	Non-Household (*n* = 1,481)	Household (*n* = 106)	Non-Household (*n* = 178) [a]
Education				
Less than high school	39.4	35.0	43.6	45.1
High school diploma or GED	36.9	34.6	23.6	23.0
Some college	18.8	13.0	28.6	12.1
College degree or higher	3.6	2.6	1.0	5.8
Don't know	1.3	14.9	3.1	14.1
Employment or Other Status				
Employed	87.1	52.6	56.8	36.1
Unemployed/laid off	5.8	8.4	17.5	20.0
Looking for work	2.5	1.3	3.5	0.2
In school/training	5.5	3.1	21.1	11.4
In jail/prison	0.3	6.1	0.0	6.5
In military	0.6	1.7	0.0	1.0
Other	4.5	2.7	2.4	4.6
Provided financial support for child	-----	42.3	-----	29.6
Lived within one hour ride of child	-----	55.0	-----	65.8

Characteristics	Weighted Percentages, Spring 1998			
	Fathers		Mothers	
	Household (*n* =1,085)	Non-Household (*n* = 1,481)	Household (*n* = 106)	Non-Household (*n* = 178) [a]
Frequency of Visitation				
Daily	-----	11.9	-----	8.2
Several times a week	-----	14.0	-----	26.8
Several times a month	-----	16.6	-----	21.4
Several times a year	-----	10.2	-----	13.3
Rarely or never	-----	40.6	-----	24.8
Don't know	-----	0.8	-----	0.5

[a] Due to interviewer error, only 178 of 325 non-household mothers were asked the questions reported in this table.

Education

In general, education levels tended to be lower for both categories of mothers than for fathers (Exhibit 4-2). Higher proportions of the household mothers (43.6%) and the non-household mothers (45.1%) had less than a high school education than either household fathers (39.4%) or non-household fathers (35.0%). Even so, almost one third of the household mothers (29.6%) attended some college or received a college degree or higher, and higher proportions of both household (21.1%) and non-household (11.4%) mothers were attending school or training than household (5.5%) or non-household (3.1%) fathers. Non-household parents included lower percentages of both mothers (17.9%) and fathers (15.6%) who attended college than did the two groups of household parents (22.4% for mothers; 29.6% for fathers).

Employment or Other Status

While almost all of the household fathers (87.1%) were employed, just over one third of non-household mothers (36.1%) worked. Higher proportions of mothers, both household (17.5%) and non-household (20.0%), were unemployed or laid-off than were either household fathers (5.8%) or non-household fathers (8.4%). Approximately 6.1% of the non-household fathers and 6.5% of the non-household mothers were reported to be in jail or prison.

Financial Support and Visitation of the Head Start Children

Of the non-household parents, over one half of the fathers (55.0%) and almost two thirds of the mothers (65.8%) lived within a one-hour ride of their children. Forty percent of the non-household fathers and 24.8% of the non-household mothers rarely or never saw their children. Less than one half of the non-household fathers (42.3%) and less than one third of the non-household mothers (29.6%) were reported to have contributed to the financial support of their children. Mother-figures were noted to be available to more than one half of the Head Start children in households without a resident mother (56.5%), while father-figures were reported to be available to 63.0% of the children living in households without a resident father. Children without a father figure and who rarely or never saw their fathers made up 5.4% of the population, while virtually none (0.1%) of the children rarely or never saw their mothers and had no mother figure available.

4.4 The Households

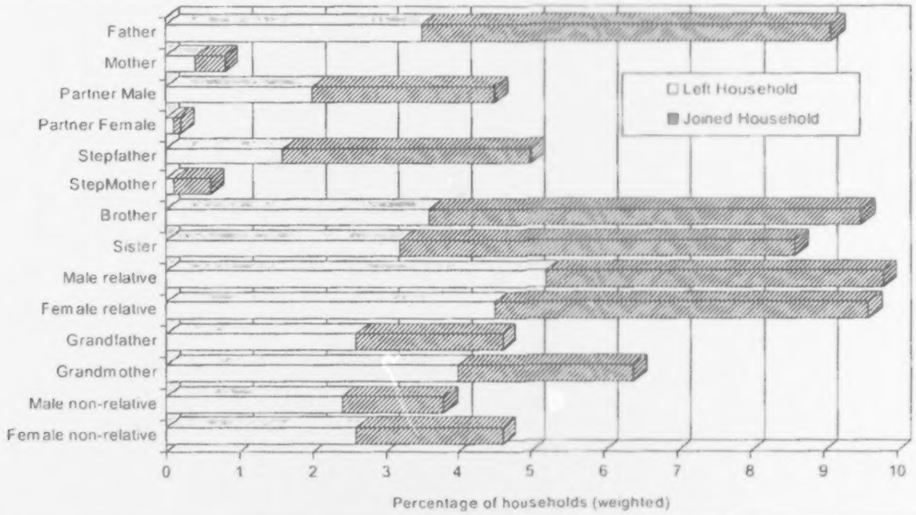
The study families resided in households with a mean size of 4.6 persons. A mean of 4.4 persons per household were identified as family members related to the Head Start children. Mothers and fathers were present in 42.3% of the households. Mother-only households represented 33.3% of the families, while mothers living with stepfathers, male partners, or grandmothers were an additional 16.9% of the families. Two percent of the households were determined to have fathers but no mothers, and 4.4% of the children lived without either parent. Among the children, 21.8% had no brothers or sisters in the household, 22.5% were the oldest children in their families, 37.0% were the youngest children in their families, and 18.8% had both older and younger siblings. The mean number of siblings in a family was 1.4 (range = zero to 9).

There were two or more adults (age 18 or older) in 70.4% of the households. In most of the households (89.1%), there was at least one individual with a high school diploma or GED, while almost one half of the households (47.3%) had more than one individual with a diploma or GED. There was at least one employed household member in 77.6% of the households, and 32.1% of the households had more than one individual who was working at the time of the baseline interview.

Over time, many of the Head Start households experienced changes in their composition. In comparing reports of household members from fall 1997 to spring 1998, 40.8% of all families indicated that either someone entered or left their household. In 30.7% of the households, someone who was not in the household in the fall was there in the spring, while in 26.2% of the households, someone who was there in the fall had left the household by the time of the spring interview. As shown in Exhibit 4-3, most of the change was accounted for by fathers, brothers, sisters, and by male and female relatives (e.g. aunts, uncles, cousins).

A higher proportion of males entered or left households than females. While 8.0% of the households were found to have had a change involving key adult females (mother, grandmother, foster mother, stepmother, or a female partner), key adult males (father, grandfather, foster father, stepfather, or male partner) contributed to change in more than twice as many (18.7%) of these households. Chapter 6 of Section II as well as Section IV of this technical report contain additional information on household changes in Head Start families.

Exhibit 4-3
Changes in Household Composition from Fall 1997 to Spring 1998



Unweighted *N*= 2,543

Monthly Household Income

Income is the key component of the Head Start eligibility criteria. In this study, household income was collected to assess the broad level of economic resources available to the family. However, because the household income data presented in this report reflect income contributed by all members of a household from all sources, it is potentially greater than the family income used to determine eligibility under the Head Start regulations (45 CFR 1305.2(e)) which refer to "the income of the parent(s) or guardian(s) of the child enrolling or participating in the program." In addition, the Head Start definition of income includes restrictions on items such as capital gains, tax refunds, and lump-sum inheritances. A more detailed discussion of this issue is presented in the recruitment and enrollment substudy final report entitled *Reaching Out to Families: Head Start Recruitment and Enrollment Practices* (D'Elio, O'Brien, Magee, Keane, Hailey, & Connell, 2000). Exhibit 4-4 presents household income data reported by selected demographic characteristics.

In general, the findings regarding income were as expected. The mean monthly income for all families was $1,256 in the fall of 1997. For each increase in the level of parent education, there was a corresponding in household monthly income ($r = .15$; $p < .0001$) (Exhibit 4-4). Also, parents who were employed full time had higher mean household incomes ($1,515) than parents who were employed part-time ($1,216) or unemployed ($1,081). Married respondents reported the highest mean household incomes ($1,528), while single, never married respondents reported the lowest ($979). Within the main ethnic groups, the parents of White children reported the highest mean household monthly incomes ($1,455) and parents of African American children the lowest mean household monthly incomes ($1,099). Parents born in the U.S. reported slightly higher mean household incomes than did parents born in other countries ($1,264, $1,217, respectively). Almost two thirds of the Head Start families (64.9%) had projected annual incomes below the Federal Poverty Level (FPL). In the longitudinal sample[2], the mean household monthly income in the fall 1997 was $1,258, which significantly increased to $1,326 in the spring 1998, $t(2371) = 4.64$; $p < .0001$.

Employment changed over time for a number of families for whom there were two years of data. From fall 1997 to spring 1998, more than one tenth of the parents (11.7%) went from being unemployed to having a full or part-time job. By the spring of 1999, almost one fifth of all parents (17.8%) were working after reporting no job in the fall of 1997. One tenth of the parents (9.5%) reported not having a job in spring 1999 after they had been working in fall 1997. Among the parents who were not working in fall 1997, 75.1% were not working in the following spring, and 16.9% were not working in the spring of 1999. These findings do not account, however, for parents who may have had a working spouse or partner.

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[2] Those families who completed both a fall 1997 and spring 1998 questionnaire.

Exhibit 4-4
Selected Demographic Characteristics by Reported Monthly Household Income

	Fall 1997		
	Mean Income	*SE*	*Median Income*
All (*N* = 2,983)	1,256	20.1	1,080
Ethnicity			
African American	1,099	35.7	900
White	1,455	41.2	1,250
Hispanic	1,178	39.6	1,000
Other	1,322	46.6	1,200
Marital status			
Married	1,528	32.3	1,350
Single, never married	979	28.0	800
Divorced or widowed	1,242	56.6	1,000
Married, but separated	1,042	67.2	900
Nativity			
Born in the U.S.	1,264	23.2	1,064
Born in country other than U.S.	1,217	39.3	1,000
Education			
Less than high school	1,062	28.5	900
High school diploma or GED	1,275	33.0	1,100
Some college	1,367	42.1	1,200
College degree or higher	1,525	121.9	1,448
Employment Status			
Full-time	1,515	34.0	1,300
Part-time	1,216	53.4	1,000
Not employed	1,081	27.4	900

Exhibit 4-5 examines the relationship between monthly household income and the employment status of parents in both single-parent and two-parent families. The shaded area in each column represents the top three income categories reported by respondents under each category of parent employment status. As with the previous income table, the findings fit an expected pattern. That is, families with no working parent represented the highest proportion of families within the lowest income categories, and families with two working parents represented the largest proportion of families within the highest income categories. Families with one working parent, whether they were one- or two-parent families, reported somewhat similar income patterns, with their highest proportion of these families in the middle-income categories. The proportion of families within each parent employment status category who are in households where the incomes are at or below the FPL is also presented in Exhibit 4-5. The proportion of families under the FPL decreases as the number of employed parents in the household increases. The reader is again cautioned that this table is based on household income, which is likely to be higher than the family income used to determine Head Start eligibility.

Exhibit 4-5
Reported Monthly Household Income by Employment Status

Household Income	Weighted Percentages, Fall 1997					
		Single-Parent Families		Two-Parent Families		
	All Families (*n* = 2,983)	Non-Working (*n* = 688)	Working (*n* = 868)	Both Parents Working (*n* = 507)	One Parent Working (*n* = 625)	Neither Parent Working (*n* = 118)
$499 or less	11.8	26.5	9.5	2.7	6.8	24.5
$500-999	29.6	42.7	34.3	9.6	24.7	37.3
$1,000-1,499	24.8	16.1	27.8	26.9	29.9	21.4
$1,500-1,999	14.4	6.4	14.4	22.9	16.8	10.8
$2,000 or more	15.7	5.5	11.6	35.9	14.6	3.3
Household income at or below the FPL	64.9	85.2	61.3	43.9	64.4	92.4

Other Sources of Financial Support

As shown in Exhibit 4-6, the primary sources of reported non-employment economic support were the public assistance programs: Medicaid (58.1%), the Women, Infants and Children (WIC) program (54.5%), Food Stamps (49.5%), and the Temporary Assistance to Needy Families (TANF) program (30.3%). Child support was the most often reported non-Federal source of family support (21.1%). While more than one half of the parents of children from each ethnic group reported reliance on at least one of these public programs (Exhibit 4-15), parents of African American children reported the highest rates of participation in public assistance programs. Exhibit 4-16 shows that a higher proportion of rural families (58.7%) than urban families (52.4%) used WIC. Across the geographic regions (Exhibit 4-17), the greatest proportion of families using TANF was found in the Northeast (41.0%), while approximately 50% of the families in each region reported that they received WIC.

Exhibit 4-6
Non-employment Sources of Economic Support Used in the Past Year

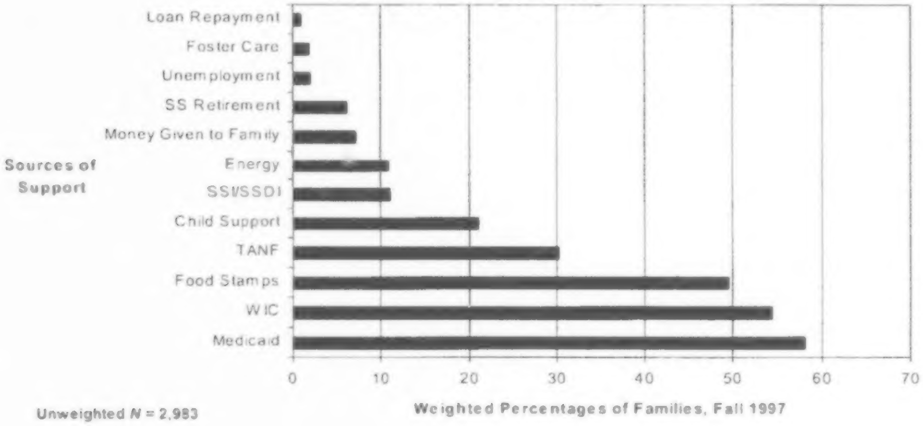

Exhibit 4-7 presents participation rates in the four primary public assistance programs by parents' employment status. The pattern that emerges from this table is an inverse relationship between employment and public assistance program participation. Non-working single parents generally reported the highest rates of participation in public assistance, while two-parent, both-working families reported the lowest participation rates. Among those families in which one parent worked, the two-parent families generally reported lower participation rates than did the single-parent families, except for the WIC program for which two-parent families reported a slightly higher rate of participation.

Exhibit 4-7
Selected Sources of Financial Support by Parents' Employment Status

	Weighted Percentages, Fall 1997					
		Single-Parent Families		Two-Parent Families		
Sources of Financial Support	All (*n* = 2,983)	Non-Working (*n* = 688)	Working (*n* = 868)	Both Parents Working (*n* = 507)	One Parent Working (*n* = 625)	Neither Parent Working (*n* = 118)
Medicaid	58.1	81.6	54.9	35.3	50.4	80.7
WIC	54.5	62.7	47.7	41.5	61.9	71.8
Food stamps	49.5	83.1	47.2	20.0	39.8	70.7
TANF	30.3	67.8	24.3	6.5	15.3	45.1

Welfare Reform

During the spring 1998 data collection (the period for which the most complete data on welfare reform are available), more than 3 in 5 parents in the study sample (63.7%) reported that their families received benefits from one or more of the following public assistance programs: TANF, Food Stamps, or WIC (Exhibit 4-8). Approximately one third of the parents participating in these programs (34.6%) reported that they were required to get a job, attend job training, attend school/GED class, or do something else in order to continue receiving these program benefits.

Parents who reported their supplemental sources of support were linked to program requirements were asked how these requirements affected their lives. More than one half of these parents (56.3%) reported that the requirements had no effect on their families. One in five (20.5%) reported that the requirements made it more difficult for them to find child care. However, approximately one quarter of those subject to welfare requirements (28.4%) reported that Head Start had helped them resolve child care issues.

Exhibit 4-8
Experiences of FACES Parents with Welfare Reform

	Weighted Frequencies, Spring 1998
Welfare Reform Requirements (n = 1,752)[a]	
Get a job	25.5
Job training	18.7
School or GED	12.2
Something else	5.3
Effects of Welfare Reform Requirements (n = 606)	
No effect	56.3
More difficult to find child care	20.5
Reduction in other benefits	5.4
More difficult to find child care subsidies	4.1
Transportation needs have increased	4.0
Reduced time for involvement in Head Start	3.6
Must provide more support to family or friends	2.7
Friends or relatives not available	1.9
Other	14.2

How Head Start Has Helped (*n* = 606)	
With child care	28.4
To understand welfare reform requirements	9.6
Find a job	5.6
Get education or training	4.5
Get transportation	1.6
How Head Start has Been a Problem (*n* = 606)	
Has done nothing	36.8
Sessions are not long enough	1.8
Does not understand welfare reform requirements	0.4
Required participation at inconvenient times	0.4
Required too much participation	0.0
Other	4.0

[a] The 1,752 represent families who reported receiving assistance in the form of TANF, WIC, or food stamps. The 606 represent families who had to meet a training or work requirement related to welfare reform.

Housing

A large majority of parents (86.5%) reported that they lived in a house, apartment, or trailer of their own (Exhibit 4-9), while just over one fifth (22.2%) indicated that they lived in public or subsidized housing[3]. Parents of African American children represented the largest proportions of those families living in transitional housing and those in public or subsidized housing (82.0% and 49.1%, respectively). In addition, TANF recipients represented about half of those families living in public or subsidized housing (48.9%).

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[3] Note: These categories are not mutually exclusive.

Exhibit 4-9

Housing Status by Selected Demographic Characteristics

Demographic Characteristic	Weighted Percentages, Fall 1997			
	Housing Type			
	Own House, Apartment, or Trailer (*n* = 2,606)	Share House, Apartment, or Trailer (*n* = 344)	Transitional Housing or Shelter (*n* = 32)	Public or Subsidized Housing (*n* = 658)
All (*N* = 2,983)	86.5	12.5	1.1	22.2
Ethnicity				
African American	27.2	30.5	82.0	49.1
White	32.0	21.3	3.0	20.3
Hispanic	27.6	36.1	1.8	21.2
Other	12.3	11.6	6.8	8.0
Nativity				
Born in country other than U.S.	18.4	27.1	0.0	10.5
Education				
Less than high school	26.9	32.1	19.7	29.4
High school diploma or GED	38.6	31.9	23.5	36.2
Some college	31.7	32.9	53.8	33.1
College degree or higher	2.7	3.2	3.0	1.4
Employment Status				
Full-time	34.8	32.6	33.7	29.7
Part-time	17.7	18.0	16.7	14.7
Not employed	47.1	49.3	38.0	55.1
Welfare Recipient	28.9	38.0	47.6	48.9

Medical Health Insurance

Exhibit 4-10 presents data on health insurance coverage by selected demographic characteristics. It was possible for a parent to indicate that their Head Start child was covered by private health insurance and that someone in the household (possibly the Head Start child) was receiving Medicaid. Therefore, these two columns are not mutually exclusive.

Among the children covered by private health insurance, the largest proportion (36.3%) was White, while African American children (34.8%) represented the largest proportion of children from families receiving Medicaid. Hispanics had the highest percentage of families with no health insurance (38.3%). Of those families with private health insurance, approximately one half of the parents reported that they were married (47.6%), as was the case for families reporting no health insurance coverage (53.9%). Single, never married parents formed the largest proportion of parents reporting receipt of Medicaid (42.2%). While families with at least one parent born outside of the United States accounted for 14.9% of families with private health insurance and 15.6% of the Medicaid families, they also represented 30.7% of the families without any health insurance coverage.

Families with at least one parent who had less than a high school education accounted for only about one sixth of those children covered with private health insurance (17.5%), while approximately one third of those families had Medicaid coverage or had no insurance coverage at all (30.9% and 32.2%, respectively). Parents who were employed full time accounted for approximately half of those families with private health insurance (48.5%), and represented only about one quarter of those on Medicaid (27.3%) and just over one third of those with no insurance (34.0%). Further, almost three out of four families with private health insurance (71.8%) also reported household incomes of $1,000 or more, while almost three out of five families without health insurance (58.1%) also were in this income category. Of the families receiving Medicaid, slightly more than two fifths reported monthly incomes of $1,000 or more (43.5%). Since private health insurance is most often provided through an employer, it makes sense that employment status appears to be a critical factor in a family's access to health insurance.

Exhibit 4-10

Selected Demographic Characteristics for Households in Which the Children were Covered by Private Health Insurance or by Medicaid or Had No Insurance Coverage

	Weighted Percentages, Fall 1997		
Demographic Characteristics	Private Health Insurance[a] (*n* = 938)	Medicaid[b] (*n* = 1,768)	No Insurance Coverage (*n* = 567)
All (*N* = 2,983)	32.6	58.1	19.0
Ethnicity			
African American	27.7	34.8	17.9
White	36.3	26.5	29.2
Hispanic	23.7	25.9	38.3
Other	11.1	11.5	13.6
Marital status			
Married	47.6	35.0	53.9
Single, never married	27.1	42.4	24.0
Divorced or widowed	15.2	14.1	11.0
Married, but separated	10.0	8.6	11.1
Nativity			
Born in country other than U.S.	14.9	15.6	30.7
Education			
Less than high school	17.5	30.9	32.2
High school diploma or GED	38.5	37.2	38.4
Some college	41.5	29.8	25.0
College degree or higher	2.5	2.2	4.4
Employment status			
Full-time	48.5	27.3	34.0
Part-time	17.5	17.6	19.2
Not employed	33.2	54.4	46.7
Household income			
$499 or less	6.4	15.1	13.0
$500-999	19.6	38.8	21.1
$1,000-1,499	24.5	23.8	25.5
$1,500-1,999	20.4	10.1	17.1
$2,000 or more	26.9	9.6	15.5

[a] Private health insurance coverage was reported for the child.

[b] Medicaid coverage was reported for the families. Both Medicaid and private health insurance were reported for 290 families.

Health Status of Parents and Household Members

Overall, most parents reported that their health was good (33.7%), very good (27.7%), or excellent (22.8%). Very few parents indicated that they had a health problem that kept them from working (9.2%) or limited them in the kind or amount of work that they could do (6.9%). Almost one quarter of the parents (24.5%) indicated that someone in their household had an illness or condition that required regular, ongoing care. See Chapter 3, Section 3.3 for information about the health status of the Head Start children.

Health Care for the Head Start Children

Medical Homes. Most parents (88.2%) reported that their children had a regular health care provider for routine medical care. The supplemental exhibits at the end of the chapter show that among the ethnic groups, White children (94.6%) and African American children (89.7%) had the highest percentages of regular health care providers (Exhibit 4-15). The lowest reported rate was for Hispanic children (80.2%). Across the geographic regions (Exhibit 4-17), families in the Northeast had the highest percentages of children (96.1%) and parents (83.9%) with regular health care providers. Families from the South had the lowest reports of children (82.8%) and parents (68.9%) having regular health care providers. Urban (88.3%) and rural (88.0%) children had similar proportions of regular health care providers, as did the parents in these groups (75.6% urban; 76.0% rural) (Exhibit 4-16).

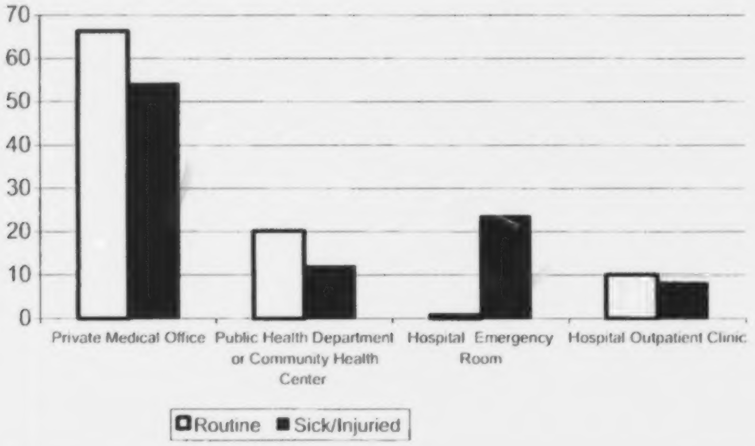
Sources of Routine Health Care. Two thirds of the parents (66.3%) reported that they usually took their children to private doctors or HMOs for routine medical care. The remaining parents indicated that their children received routine medical care through public health departments (10.6%), hospital outpatient clinics (10.1%), or community health centers (9.5%). A very small proportion of the parents indicated seeking routine care through the Indian Health Service or Migrant clinics (1.1%), or at hospital emergency rooms (0.8%).

Among the identified ethnic groups (Exhibit 4-15), White children were the most likely to receive care from private doctors or HMOs (81.1%), while lower percentages of African American (56.8%) and Hispanic (59.5%) children went to private doctors or HMOs for their routine care. The supplemental exhibits also show that routine care was provided by private doctors or HMOs for more than one half of the children in each geographic region (Exhibit 4-17). Families in the Midwest (81.6%) and the West (68.7%) had the highest reports regarding the use of private doctors or HMOs. Conversely, the Northeast (44.5%) and the South (38.5%) had the highest reported use of non-private doctors for routine care for children. About two thirds of the urban (64.5%) and the rural (69.8%) children received care from private doctors or HMOs (Exhibit 4-16).

Sources of Care for Illness and Injury. Over half of the parents (54.2%) also indicated that they took their children to private doctors or HMOs when their children were sick or injured, while 23.6% indicated that they took their children to hospital emergency rooms in these cases. Less than 10% of the parents reported that they took their children to any other categories of providers, such as hospital outpatient clinics (8.3%), public health departments (6.6%), or community health centers (5.6%). Sources of health care remained relatively unchanged in the spring of 1998. Exhibit 4-11 displays the sources of child health care for routine care as well as care for illness or injury.

Exhibit 4-11

Sources of Routine Child Health Care and Care When Children are Sick or Injured



When sick or injured, 70.6% of the White children went to private doctors or HMOs (Exhibit 4-15). In contrast, just over one half of the Hispanic children (53.0%) received such care from private doctors or HMOs, as did less than two fifths of the African American children (37.0%). African American children had the highest percentage of children who were taken to hospital emergency rooms for illness or injury (40.9%), more than two times the rate reported for White (14.7%) or Hispanic (17.1%) children.

Regardless of region, when children were sick or injured, the providers of choice were private doctors or HMOs (Exhibit 4-17). About three fifths of the families in the Midwest (57.6%) and two thirds of the families in the West (66.9%) used private doctors or HMOs in these situations, but these percentages dropped to below one half for families in the South (49.4%) and the Northeast (42.7%). Between one quarter and one third of the families indicated that they would visit a hospital emergency room, except in the West where only 8.0% reported that they used this option. Similarly, about one quarter of the families would visit non-private doctors, except in the Midwest where only 12.3% reported use of non-private doctors when their children were sick or injured.

Data presented in Exhibit 4-16 paints a similar picture for urban and rural families' use of services for sick or injured children. Just over one half took their children to private doctors or HMOs (51.9% urban; 58.8% rural), while about one quarter used local hospital emergency rooms (24.9% urban; 20.8% rural). The remainder used non-private doctors.

Help from Head Start in Finding Health Care. Approximately 80.1% of the parents indicated that their children had health care providers prior to their enrollment in Head Start, and 9.1% found health care providers on their own. Head Start provided some assistance in finding health care to 4.4% of the parents; however, 5.8% of parents indicated that Head Start had not helped them, even though they had needed help. The finding that Head Start generally provided help for only a small percentage of families held up across classifications of children's ethnicity, as about 90% of the parents of children within almost every ethnic group found health care providers without assistance from Head Start (Exhibit 4-15). A slightly lower percentage of parents of Asian children (73.0%) secured health care providers without help from Head Start. Program staff was reported to have helped less than five percent of parents across each ethnic group. Parents of African American children (11.8%) and Asian children (17.7%) were most likely to desire help from Head Start in finding appropriate heath care providers for their children.

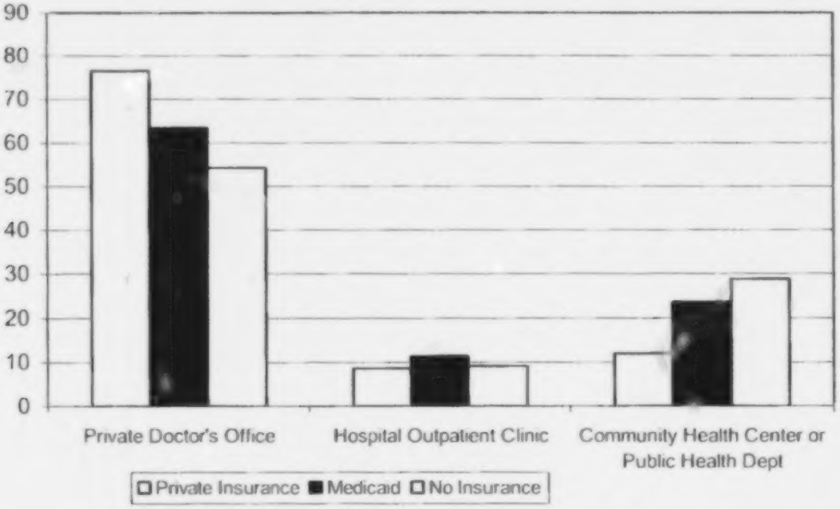
As seen in Exhibit 4-17 of the supplemental exhibits, almost all the families in the Northeast (96.2%) found their children's providers without the aid of Head Start, and the percentages of parents in the other regions who found providers without assistance from Head Start were all 84.0% or higher. Interestingly, between 3.5% and 10.5% of the parents in the Midwest, South, and West indicated that they wished Head Start would help them more in this area, a request that came from virtually none of the parents in the Northeast. The reports were similar for urban and rural families on this issue (Exhibit 4-16), with about 90% in each group finding providers on their own, and about 6% in each group stating they hoped Head Start would offer more assistance in finding health care providers for their children.

Effects of Insurance and Employment on Sources of Health Care. The sources of routine health care for children also appeared to be related to the type of health insurance covering the children (Exhibit 4-12). Among children with private health insurance, 76.6% reported using private doctors or HMOs for routine care, while children with Medicaid (63.5%) or no insurance coverage (54.3%) were less likely to use these sources. About one quarter of children with no health insurance (28.9%) or with

Medicaid (23.7%) received their routine health care at community health centers or public health departments, sites used by only a few of the children with private health insurance (12.0%).

Exhibit 4-12

Sources of Routine Child Health Care and Type of Health Insurance



Slightly more than two thirds of parents who reported that they were employed full-time (69.1%) or part-time (68.7%) also took their children to private doctors or HMOs for routine care, slightly more than parents who were not employed (62.5%) or received TANF benefits (61.5%). The opposite patterns were observed for the use of community health centers/public health departments or hospital outpatient clinics, which had lower proportions of employed parents than of parents who were unemployed or receiving TANF benefits.

Health Care for the Head Start Parents

Over three fourths of the parents (75.7%) indicated that they had a regular health care provider for their own routine medical care. Sources of adult health care were similar to those reported for the children and predominantly included going to private doctors or HMOs (60.8%), public health departments (10.9%), hospital outpatient clinics (10.7%), or community health centers (9.9%).

The supplemental exhibits show that almost three fourths of the parents of White children (74.5%) had private doctors or HMOs where they received their routine medical care (Exhibit 4-15). Among parents of Hispanic (50.9%) and African American (54.6%) children, private doctors or HMOs were used by more than one half of these groups. Between one half and three quarters of the parents in each geographic region reported that they used private doctors or HMOs as their routine care providers. The highest percentage was among parents in the Midwest (78.1%). Exhibit 4-16 shows that more than three fifths of the parents in the rural group (63.6%) received services from private doctors or HMOs, while a slightly smaller percentage of the parents in the urban group (59.4%) also identified the same sources of care.

Most parents (76.9%) reported that they had health care providers prior to their children's enrollment in Head Start, and 10.3% found health care providers on their own after enrolling. At least three fourths of the parents, across all ethnic groups, found their own health care providers without the aid of Head Start (Exhibit 4-15). Less than seven percent of parents in each group were assisted by Head Start, and except for parents of African American children (13.0%) and Asian children (11.0%), less than five percent indicated a desire for additional help from Head Start in identifying providers. Regardless of geographic region, more than 80% of the parents reported that they had found health care providers without the assistance of Head Start (Exhibit 4-17). More than 10% of the parents in the South (11.9%) indicated that they would like Head Start to help them find providers, while less than one percent of the parents in the Northeast (0.01%) suggested a need for similar assistance. Similarly, Exhibit 4-16 notes that about 85% of both urban (87.9%) and rural (85.9%) parents found health care providers without the assistance of Head Start, while slightly more than five percent (6.8% urban; 5.7% rural) indicated that they wanted more assistance from Head Start in locating providers.

Dental Care for Children

Most parents (84.6%) reported that their children had received dental care, and over half (56.6%) reported that their children went to private dentists for this care. Of the parents who indicated that their children had not been to a dentist prior to the fall 1997 interview (15.4%), the majority of them (97.6%) reported receiving dental care by the spring 1998 data collection period. These parents indicated taking their children to hospital dental clinics (40.1%), private dentists (33.1%), community health dental clinics (10.9%), or to some other providers (13.5%).

Exhibit 4-15 shows that, across all ethnic groups, between 80% and 90% of the children were reported to have visited a dentist by the time of the baseline interview. Between one half and two thirds of the White (67.3%) and the Hispanic (57.2%) children received services from private dentists, while only 43.4% of the African American children went to private dentists.

Looking at the four geographic regions (Exhibit 4-17), three quarters of the children were reported to have visited dentists, a figure that went well above 90% for children in the Midwest (93.5%) and the

Northeast (95.8%). In most cases, children received dental services from private dentists, with percentages ranging from 44.4% in the South to 70.7% in the Midwest. For both urban and rural groups (Exhibit 4-16), more than four fifths of the families in each group indicated that their children had received dental care, typically from private dentists (54.3% urban; 61.4% rural). Those who received dental services were more likely to be the 4-year-old children (70.2%) than the 3-year-old children (29.8%).

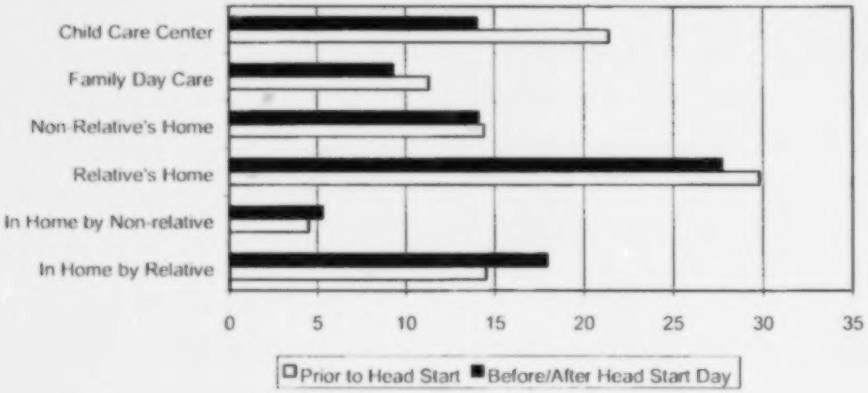
Use of Child Care

Prior to their children's enrollment in Head Start, about one half of the parents (49.9%) reported that they used regular child care (10 hours a week or more). Children, on average, started this care when they were about 14 months old (*M* = 13.8 months, *SD* = 12.0; *Mdn* = 12.0 months), and the number of arrangements ranged from 1 to 12, with a mean of 1.6 arrangements (*SD* = 1.0). Once their children were enrolled in Head Start, 28.9% of the parents reported using child care before or after their children's time in the Head Start classroom. The number of arrangements used again ranged from 1 to 5, with a mean of 1.2 arrangements (*SD* = .45) for each child in care.

The type of child care arrangements used prior to and during children's enrollment in Head Start are reported in Exhibit 4-13. The most frequent type of child care arrangement in both cases was care in a relative's home. Once children were enrolled in Head Start, the proportion of parents indicating care by a relative in their children's home increased slightly, while decreases in proportions were noted in child care provided in a relative's home, family day care home, and child care center. About one tenth of the parents (10.4%) indicated that the local Head Start program provided care for their children before or after their children's time in the Head Start classrooms.

Exhibit 4-13

Type of Child Care Arrangements as Reported by Parents



Parents who reported using child care in addition to their Head Start enrollment indicated using their primary arrangement an average of 19.9 (*SD* = 12.0) hours a week. While less than two fifths (37.4%) reported that the child care provider was licensed, certified, or regulated, 92.8% of the unregulated care was provided by family, friends, or neighbors. More than one half (54.0%) of the parents indicated that they paid for their child care themselves. Approximately one quarter indicated that the care was free (25.5%) or paid for by a government agency (26.5%), while 7.5% indicated that payment came from some other source, such as their employer, the YMCA, or Head Start. A small percentage of parents (3.0%) indicated that they traded child care with others. Payment for care was provided through multiple sources for 18.4% of the parents.

Parents described their children's experience in the primary child care arrangement used before or after the Head Start day positively. The majority indicated that their children "always" or "often" felt safe and secure in this care (95.4%), got lots of individual attention in this care (86.3%), and that their children's caregivers were open to new information and learning (91.3%).

Language

Many parents (65.3%) reported English was the primary language spoken in their homes. Those indicating use of a language other than English predominately reported speaking Spanish (85.8%),[4] while the remaining parents indicated another language, typically an Asian or Eastern-European language.

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[4] This percentage included 130 families who lived in Puerto Rico.

Exhibit 4-14 displays demographic characteristics by the primary language spoken in the home. As expected, larger proportions of parents reported speaking a language other than English in the home who were born in a country other than the U.S., but the majority of these parents indicated that they lived in the U.S. for five or more years.[5] Marital status, education level, and employment status varied across the groups of English and non-English speaking parents. Those reporting to speak Spanish or an Asian or Eastern-European language comprised higher proportions of parents who reported being married and unemployed. Education levels tended to be slightly lower for Spanish speaking parents. Parents' age, income level, and family size were similar across the three language groups.

Parents who indicated that a language other than English was spoken in their homes were asked if they needed someone from Head Start to speak to them or their family in their native language. Approximately one fifth of the parents (20.5%) said they did, and of these, 94.7% reported that someone from Head Start was available to speak to them or their family in their native language. Parents who indicated not having someone available to speak to them in their native language primarily included those who reported that they spoke an Asian or Eastern-European language. Parents then were asked if their children ever needed or wanted a member of the Head Start teaching staff to speak in their native languages. Again, approximately one fifth of the parents (19.6%) indicated that their children needed or wanted a member of the Head Start teaching staff to speak with them in their native language, and of these parents, 90.0% reported that Head Start had someone in the classroom available to speak to their children in their native languages. Parents who reported that their children did not have someone available in the classroom to speak in their native language included those who spoke Asian languages, Eastern-European languages, or Spanish.

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[5] Among parents in Puerto Rico, 92.3% reported being born in the U.S, including Puerto Rico.

Exhibit 4-14

Demographic Characteristics by the Primary Language Spoken in the Home

Demographic Characteristics	Weighted Percentages English (*n* = 2,065)	Spanish (*n* = 788)[a]	Other (*n* = 130)
Age			
Less than 20 years old	3.1	1.6	0.6
21-29 years old	55.7	48.8	43.5
30-39 years old	29.7	37.1	39.7
40 and older	11.2	12.1	16.2
Mean age	30.1	30.7	31.9
Median age	27.9	29.3	31.0
Marital Status			
Married	35.9	56.7	56.9
Single, never married	39.1	23.4	23.9
Divorced or widowed	16.5	7.4	12.4
Married, but separated	8.5	12.5	6.9
Nativity of Parent			
Born in country other than U.S.	2.3	50.4	56.5
Less than 5 years in U.S.	0.0	9.6	32.3
Education			
Less than high school	23.2	36.6	28.1
High school diploma or GED	39.8	34.6	25.9
Some college	29.1	19.8	25.5
College degree or higher	7.9	9.0	20.6
Employment Status			
Full-time	36.9	29.6	32.2
Part-time	18.3	16.8	16.6
Not employed	44.5	52.7	51.2
Income			
Less than $500	12.4	11.7	4.6
$500-999	28.6	32.2	26.0
$1,000-1,499	24.6	24.4	32.5
$1,500-$1,999	16.0	10.9	16.4
More than $2,000	16.3	14.4	15.8
Mean number of adults in household	1.9	2.2	2.2
Mean number of children in household	2.6	2.5	2.8

[a] Includes 130 families from Puerto Rico

4.5 Summary

Chapter 4 provides the baseline description of the parents of the Head Start children and the households in which they live. The need for the type of information presented in this chapter was one of the primary reasons for undertaking this study. The following is a summary of these findings.

Primary Caregivers

- Slightly over one half of the parents were in their twenties or thirties at the time of the fall 1997 parent interview. Only a few of the parents were less than 20 years old, and just slightly more than one tenth of caregivers were 40 years or older.

- Almost one fifth of all parents were born in a country other than the United States. A small percentage of caregivers, only 2.2%, reported that they had resided in the United States for less than five years.

- Less than one half of all parents were married. About one third reported being single, while almost one quarter were divorced, separated, or widowed.

- Almost three fourths of all parents had at least a high school diploma or GED. Although one third of all caregivers reported they had attended some college or received an Associate's degree, only 2.3% had a college degree or higher. By fall 1997, more than two fifths of all parents had attended a vocational or trade school, and almost two fifths had received a certificate or license.

- Approximately one fourth of all parents reported that they were working toward a degree, certificate, or license in the fall of 1997, with 6.6% working toward a high school diploma or GED. Of those who reported they were working towards a degree, about one fourth indicated they had completed the degree by the time of the spring 1998 parent interview.

- Over one half of all parents were employed in the fall of 1997, about one third had full-time jobs, and one fifth were working part-time or had seasonal work. In the longitudinal sample, 50.7% were employed in the fall of 1997 (32.6% full-time; 18.1% part-time) and by the spring of 1998, both overall employment (55.7%) and full-time employment (38.8%) had increased.

Households

- Both mothers and fathers were present in two fifths of the households. Mother-only households represented one third of the families (non-parent adults may have been present).

- There were two or more adults (age 18 or older) in almost three fourths of the households. In almost 90% of the households, there was at least one individual with a high school diploma or GED.

- From fall 1997 to spring 1998, two fifths of all families indicated that either someone entered or left their household.

- The mean income for all households was $1,256 in the fall of 1997. In the longitudinal sample, the mean household monthly income in the fall 1997 was $1,258 and increased to $1,326 in the spring 1998. In many cases, household income is likely to be higher than the family income used to determine Head Start eligibility.

- Approximately one third of the parents participating in these welfare reform programs reported that they were required to get a job, attend job training, attend school/GED class, or do something else in order to continue receiving these public benefits.

- The majority of parents reported English was the primary language spoken in their homes. Those indicating a language other than English was primarily spoken in the home predominantly reported speaking Spanish, while the remaining parents indicated another language.

- Almost all of the parents reported that they and their children had a regular health care provider for routine medical care and that care was most often provided at a doctor's office or private clinic. Most parents reported having a health care provider for themselves and their children prior to the children's enrollment at Head Start.

- Almost all of the parents reported that their children had received dental care and over one half received that care at a private dentist's office. Of the one fifth of children who had not been to a dentist prior to the fall 1997 interview, the majority had received dental care by the following spring.

- About one half of the children were in child care prior to their enrollment in Head Start and began in this care soon after their first birthday. After enrollment in the program, slightly less than one third were enrolled in child care before or after the Head Start day. The most frequent type of child care arrangement used was care in a relative's home.

Supplemental Tables

Exhibit 4-15
Demographic and Family Background Characteristics by Ethnicity

	Weighted Percentages						
Characteristics	All (*N* = 3,120)	African American (*n* = 1,137)	White (*n* = 859)	Hispanic (*n* = 760)	Asian (*n* =32)	Native American (*n* =57)	Other (*n* = 250)
Urbanicity							
Urban	67.0	79.5	39.0	85.6	92.7	41.9	64.0
Rural	33.1	20.5	61.0	14.4	7.3	58.2	36.0
Region							
Midwest	23.1	23.7	38.0	7.5	12.3	26.7	19.9
Northeast	15.5	16.9	14.1	15.1	26.9	6.1	16.9
South	39.5	52.6	31.3	38.0	23.6	28.8	33.6
West	22.0	6.8	16.6	39.4	37.3	38.4	29.6
Gender of Child							
Male	50.4	47.2	54.1	49.4	67.0	48.6	49.7
Female	49.6	52.8	45.9	50.6	33.1	51.4	50.3
Age of Child							
3 years old	31.7	38.1	30.0	25.9	32.7	38.3	31.9
4 years old	68.3	61.9	70.0	74.2	67.3	61.7	68.1
Child Birthweight							
Normal	85.8	83.1	87.5	86.2	61.7	93.5	88.6
Low	7.6	9.5	7.2	7.4	6.8	1.8	5.9
Very low	1.8	2.3	0.9	2.5	1.3	0.0	1.7
Child Disability	19.3	19.9	24.2	16.1	9.8	14.4	14.9
Age of Parent							
Less than 20 years old	2.5	4.9	1.1	2.4	0.0	0.9	1.0
21-29 years old	53.1	52.5	54.7	51.1	30.8	63.7	57.5
30-39 years old	32.4	28.9	34.1	36.4	41.2	26.5	24.5
40 and older	11.7	13.6	10.0	9.7	28.0	8.9	16.6
Mean age	30.4	30.5	30.5	29.9	33.8	30.7	31.2
Median age	28.0	28.0	28.0	29.0	33.0	29.0	28.0
Nativity of Parent							
Born in country other than U.S	18.7	3.2	2.4	53.4	86.9	2.2	13.3

	Weighted Percentages						
Characteristics	All (*N* = 3,120)	African American (*n* = 1,137)	White (*n* = 859)	Hispanic (*n* = 760)	Asian (*n* =32)	Native American (*n* =57)	Other (*n* = 250)
Marital Status							
Married	43.1	20.8	50.3	56.3	59.6	46.7	46.2
Single, never married	33.7	60.9	18.4	24.4	11.9	18.4	32.7
Divorced or widowed	13.5	10.7	23.5	6.8	16.9	14.5	9.0
Married, but separated	9.6	7.5	7.7	12.5	11.7	20.4	12.1
Education and Training							
Less than high school	27.2	26.4	18.7	39.6	33.2	34.6	17.0
High school diploma or GED	37.5	34.4	43.5	33.1	18.8	38.0	44.7
Some college/AA degree	32.5	36.7	34.7	24.4	45.4	26.7	35.9
College degree or higher	2.8	2.5	3.0	2.9	2.6	0.7	2.5
Vocational or trade school	41.7	46.0	42.4	34.8	56.1	39.0	47.4
Employment Status							
Full-time	34.5	37.4	34.3	29.9	40.0	45.4	36.3
Part-time or seasonal	17.8	15.9	20.6	17.2	14.4	17.7	17.6
Not employed	47.3	46.0	45.1	52.6	45.6	36.9	43.2
Household Income							
$499 or less	11.8	19.1	6.4	10.9	1.3	10.0	11.4
$500-999	29.6	33.9	25.3	34.1	17.8	28.5	18.8
$1,000-1,499	24.8	20.4	27.7	23.6	38.6	18.0	32.9
$1,500-1,999	14.4	13.5	18.0	10.5	18.1	20.0	14.9
$2,000 or more	15.7	10.5	21.4	14.5	13.3	20.8	18.1
Housing Status							
Private housing	86.5	83.4	91.1	84.1	83.3	96.3	86.1
Shared housing	12.5	13.5	8.8	15.9	16.7	3.7	13.0
Transitional housing	1.1	3.1	0.1	0.1	0.0	0.0	0.7
Public housing	22.2	38.8	14.9	16.6	11.8	11.5	15.8
Sources of Support							
WIC	54.5	56.0	52.8	58.0	42.7	50.6	48.3
TANF	30.3	46.7	23.0	22.8	28.6	7.7	29.7
Insurance Coverage							
Private insurance	32.6	32.0	39.0	27.3	41.5	34.3	27.3
Medicaid	58.1	71.8	50.7	53.1	38.5	53.4	58.0

Characteristics	Weighted Percentages All (*N* = 3,120)	African American (*n* = 1,137)	White (*n* = 859)	Hispanic (*n* = 760)	Asian (*n* =32)	Native American (*n* =57)	Other (*n* = 250)
Regular Health Provider							
Child	88.2	89.7	94.6	80.2	84.2	80.9	88.6
Parent	75.7	78.5	80.8	66.7	68.6	73.3	75.6
Routine Care Provider (Child)							
Private doctor or HMO	66.3	56.8	81.1	59.5	64.1	57.7	68.9
Non-private doctor	32.6	42.7	17.4	38.9	33.9	42.3	30.3
Head Start Role in Finding Provider (Child)							
Had provider prior to Head Start	80.1	70.7	82.7	86.1	69.2	79.2	83.6
Found provider on their own	9.1	13.7	9.5	5.7	4.2	11.5	5.6
Head Start helped find provider	3.1	2.3	2.6	4.4	1.6	3.4	2.7
Wish Head Start would help more	5.8	11.8	2.7	3.0	17.7	5.9	3.3
Provider When Ill or Injured (Child)							
Private doctor or HMO	54.2	37.0	70.6	53.0	43.8	42.7	60.6
Hospital ER	23.6	40.9	14.7	17.1	40.8	18.6	16.2
Other non-private doctor	21.8	22.0	13.9	29.5	15.4	38.7	22.7
Child Received Dental Care	84.2	79.9	86.9	84.5	82.1	90.1	87.5
Routine Dental Care Provider							
Private	56.6	43.4	67.3	57.2	63.3	57.9	60.7
Non private	27.6	36.6	19.6	27.3	18.8	32.3	26.7
Routine Care Provider (Parent)							
Private doctor or HMO	60.8	54.6	74.5	50.9	65.8	52.0	65.0
Non-private doctor	35.4	43.4	21.3	44.5	32.3	39.4	29.2
Head Start Role in Finding Provider (Parent)							
Had provider prior to Head Start	76.9	67.3	79.4	83.2	73.5	79.3	79.1
Found provider on their own	10.3	13.1	10.9	7.7	0.0	13.1	10.0
Head Start helped find provider	2.3	3.5	1.1	2.5	6.8	0.0	0.9
Wish Head Start would help more	6.4	13.0	3.5	4.0	11.0	0.0	3.2

Exhibit 4-16
Demographic and Family Background Characteristics by Urbanicity

	Weighted Percentages		
	All (*N* =3,120)	Urban (*n* = 2,122)	Rural (*n* = 998)
Ethnicity			
African American	28.8	34.2	17.9
White	30.7	17.9	56.6
Hispanic	27.6	35.4	12.0
Asian	1.3	1.8	0.3
Native American	1.9	1.2	3.4
Other	8.7	8.3	9.4
Region			
Midwest	23.1	21.9	25.6
Northeast	15.5	19.5	7.4
South	39.5	34.9	48.6
West	22.0	23.7	18.5
Gender of Child			
Boy	50.4	50.6	50.0
Girl	49.6	49.4	50.0
Age of Child			
3 years old	31.7	31.5	32.0
4 years old	68.3	68.5	68.0
Child Birthweight			
Normal	85.8	85.7	86.0
Low	7.6	7.0	9.0
Very low	1.8	2.3	0.9
One or More Disabilities	19.3	17.6	22.6
Age of Parent			
Less than 20 years old	2.5	2.8	2.1
21-29 years old	53.1	50.8	57.8
30-39 years old	32.4	33.6	30.1
40 and older	11.7	12.6	9.8
Mean age	30.4	30.7	29.9
Median age	28.0	29.0	28.0
Nativity of Parent			
Born in country other than U.S.	18.7	23.9	8.1

	Weighted Percentages		
	All (*N* =3,120)	Urban (*n* = 2,122)	Rural (*n* = 998)
Marital Status			
Married	43.1	41.5	46.5
Single, never married	33.7	36.8	27.4
Divorced or widowed	13.5	11.9	16.8
Married, but separated	9.6	9.8	9.3
Education and Training			
Less than high school	27.2	28.2	25.2
High school diploma or GED	37.5	36.2	40.2
Some college/AA degree	32.5	32.5	32.4
College degree or higher	2.8	3.1	2.2
Vocational or trade school	41.7	43.4	38.3
Employment Status			
Full-time	34.5	32.8	37.9
Part-time or seasonal	17.8	18.0	17.3
Not employed	47.3	48.5	44.8
Household Income			
$499 or less	11.8	13.1	9.4
$500-999	29.6	31.0	26.9
$1,000-1,499	24.8	24.0	26.5
$1,500-1,999	14.4	13.0	17.3
$2,000 or more	15.7	14.2	18.7
Housing Status			
Private housing	86.5	85.2	89.0
Shared housing	12.5	13.2	10.9
Transitional housing	1.1	1.6	0.1
Public housing	22.2	26.1	14.5
Sources of Support			
WIC	54.5	52.4	58.7
TANF	30.3	34.3	22.1
Insurance Coverage			
Private insurance	32.6	32.9	31.8
Medicaid	58.1	60.2	54.0

	Weighted Percentages		
	All (*N* =3,120)	Urban (*n* = 2,122)	Rural (*n* = 998)
Regular Health Provider			
Child	88.2	88.3	88.00
Parent	75.7	75.6	76.0
Routine Care Provider (Child)			
Private doctor or HMO	66.3	64.5	69.8
Non-private doctor	32.6	35.0	27.7
Head Start Role in Finding Provider (Child)			
Had provider prior to Head Start	80.1	78.4	83.4
Found provider on their own	9.1	11.7	4.0
Head Start helped find provider	3.1	2.5	4.2
Wish Head Start would help more	5.8	5.9	5.5
Provider When Ill or Injured (Child)			
Private doctor or HMO	54.2	51.9	58.8
Hospital ER	23.6	24.9	20.8
Other non-private doctor	21.8	23.0	19.4
Child Received Dental Care	84.2	86.1	80.6
Routine Dental Care Provider			
Private	56.6	54.3	61.4
Non private	27.6	31.8	19.2
Routine Care Provider (Parent)			
Private doctor or HMO	60.8	59.4	63.6
Non-private doctor	35.4	38.0	30.0
Head Start Role in Finding Provider (Parent)			
Had provider prior to Head Start	76.9	75.4	80.0
Found provider on their own	10.3	12.5	5.9
Head Start helped find provider	2.3	2.6	1.8
Wish Head Start would help more	6.4	6.8	5.7

Exhibit 4-17
Demographic and Family Background Characteristics by Region

Characteristics	Weighted Percentages				
	All (*N* = 3,120)	Midwest (*n* = 778)	Northeast (*n* = 432)	South (*n* = 1,316)	West (*n* = 594)
Ethnicity					
African American	28.8	29.6	31.5	38.4	8.9
White	30.7	50.4	28.0	24.3	23.2
Hispanic	27.6	9.0	26.9	26.6	49.5
Asian	1.3	0.7	2.2	0.8	2.2
Native American	1.9	2.2	0.8	1.4	3.3
Other	8.7	7.5	9.4	7.4	11.7
Urbanicity					
Urban	67.0	63.4	84.3	59.3	72.2
Rural	33.1	36.6	15.7	40.7	27.8
Gender of Child					
Boy	50.4	51.3	44.9	51.6	51.3
Girl	49.6	48.8	55.1	48.4	48.7
Age of Child					
3 years old	31.7	37.1	35.2	35.7	16.3
4 years old	68.3	62.9	64.8	64.3	83.7
Child Birthweight					
Normal	85.8	86.9	81.6	86.7	86.0
Low	7.6	6.7	11.0	8.4	4.8
Very low	1.8	0.9	2.5	1.6	2.8
Child Disability	19.3	18.3	20.7	19.8	18.4
Age of Parent					
Less than 20 years old	2.5	1.4	1.2	4.1	2.0
21-29 years old	53.1	59.7	46.6	55.0	47.7
30-39 years old	32.4	28.2	42.3	29.3	35.3
40 and older	11.7	10.7	9.3	11.4	15.0
Mean age	30.4	29.9	31.1	29.9	31.5
Median age	28.0	28.0	30.0	28.0	30.0
Nativity of Parent					
Born in country other than U.S.	18.7	8.6	28.5	11.2	35.9

Characteristics	Weighted Percentages				
	All (*N* = 3,120)	Midwest (*n* = 778)	Northeast (*n* = 432)	South (*n* = 1,316)	West (*n* = 594)
Marital Status					
Married	43.1	43.0	38.3	42.1	48.4
Single, never married	33.7	34.1	42.5	34.4	26.0
Divorced or widowed	13.5	16.7	8.2	12.9	15.1
Married, but separated	9.6	6.2	11.1	10.6	10.5
Education and Training					
Less than high school	27.2	25.6	21.3	30.4	27.4
High school diploma or GED	37.5	41.5	38.0	34.7	37.8
Some college/AA degree	32.5	31.0	38.3	31.5	31.7
College degree or higher	2.8	1.8	2.4	3.4	3.1
Vocational or trade school	41.7	43.2	48.9	38.9	39.9
Employment Status					
Full-time	34.5	36.8	25.1	38.2	32.2
Part-time or seasonal	17.8	19.7	18.5	14.9	20.1
Not employed	47.3	43.6	54.9	46.7	46.7
Household Income					
$499 or less	11.8	8.3	10.1	19.6	3.3
$500-999	29.6	24.6	35.3	31.1	28.3
$1,000-1,499	24.8	22.7	23.9	22.7	31.3
$1,500-1,999	14.4	19.8	12.1	13.4	12.4
$2,000 or more	15.7	23.0	14.4	11.4	16.6
Housing Status					
Private housing	86.5	90.8	87.5	87.6	79.4
Shared housing	12.5	9.1	9.4	11.0	20.6
Transitional housing	1.1	0.1	3.1	1.5	0.0
Public housing	22.2	21.7	25.7	25.4	14.9
Sources of Support					
WIC	54.5	49.6	55.6	56.5	55.4
TANF	30.3	31.5	41.0	24.8	30.8
Insurance Coverage					
Private insurance	32.6	42.1	32.2	29.2	28.9
Medicaid	58.1	51.9	63.3	60.2	57.2

Characteristics	Weighted Percentages All (*N* = 3,120)	Midwest (*n* = 778)	Northeast (*n* = 432)	South (*n* = 1,316)	West (*n* = 594)
Regular Health Provider					
Child	88.2	93.5	96.1	82.8	86.5
Parent	75.7	78.6	83.9	71.2	75.0
Routine Care Provider (Child)					
Private doctor or HMO	66.3	81.6	55.6	60.1	68.7
Non-private doctor	32.6	18.3	44.5	38.5	28.6
Head Start Role in Finding Provider (Child)					
Had provider prior to Head Start	80.1	76.8	79.1	78.0	87.5
Found provider on their own	9.1	12.6	17.1	6.0	5.3
Head Start helped find provider	3.1	1.9	2.6	4.0	3.1
Wish Head Start would help more	5.8	4.0	0.0	10.5	3.5
Provider when Ill or Injured (Child)					
Private doctor or HMO	54.2	57.6	42.7	49.4	66.9
Hospital ER	23.6	30.1	31.1	25.7	8.0
Other non-private doctor	21.8	12.3	26.2	24.5	23.7
Child Received Dental Care	84.2	92.4	96.2	77.3	79.4
Routine Dental Care Provider					
Private	56.6	70.7	59.3	44.4	61.4
Non private	27.6	21.7	36.9	32.9	18.0
Routine Care Provider (Parent)					
Private doctor or HMO	60.8	78.1	53.1	53.5	61.1
Non-private doctor	35.4	18.9	45.6	42.5	32.8
Head Start Role in Finding Provider (Parent)					
Had provider prior to Head Start	76.9	72.7	77.0	74.7	84.9
Found provider on their own	10.3	11.1	18.8	8.3	7.1
Head Start helped find provider	2.3	4.7	0.9	1.6	2.0
Wish Head Start would help more	6.4	4.3	0.1	11.9	3.6

5.0 Functioning of Head Start Families

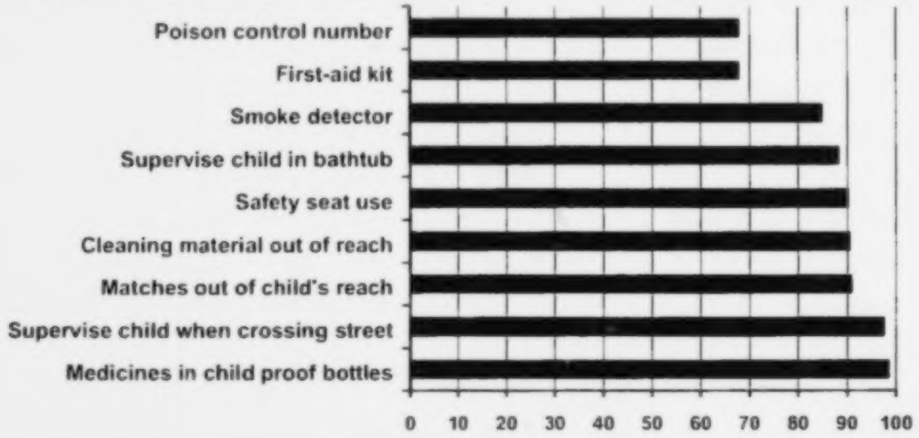
5.1 Overview

Chapter 5 presents information gathered from the parent interviews about the functioning of the Head Start families, including their home safety practices, use of discipline and household rules, their psychological well-being, and their exposure to violence.

5.2 Home Safety Practices

Head Start families were asked to indicate whether they engaged in various home safety practices, such as using a child safety seat or seat belt for their children, keeping medicines in childproof bottles, having an operating smoke detector, and having a first aid kit. During the fall 1997 interview, all but two of the safety practices were reported by 85% or more of the parents (Exhibit 5-1). The only items receiving proportions lower than 85% were "having a first-aid kit in the home" (67.7%) and "keeping the poison control center number and other emergency numbers by the telephone" (67.6%). Parents, on average, reported following 7.8 activities out of the nine possible, and their reported use of these practices remained high throughout the study (Mean change score = .13 from fall 1997 to spring 1998). By the spring of 1998, parents improved their practice of the two least frequent household safety items. Parents having a first-aid kit in the home increased to 78.3% in the spring, while the proportion of parents keeping emergency numbers by the telephone increased to 76.3% by the spring.

Exhibit 5-1
Safety Practices in the Home as Reported by Parents, Fall 1997

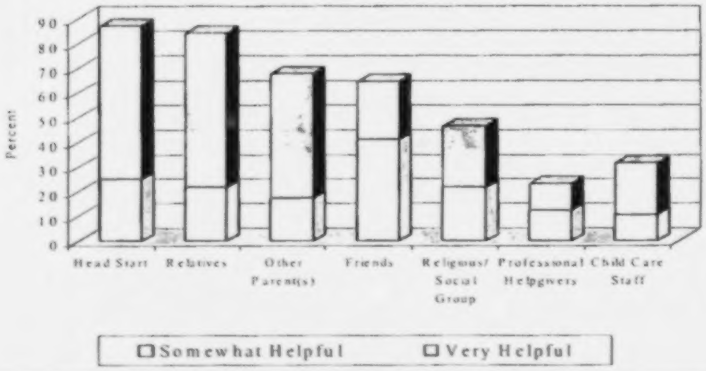


During the spring 1998 interview, parents were additionally asked about keeping their firearms under lock and key. While most parents (62.1%) indicated that this question was not applicable to them, one third (33.1%) did report that they always kept their firearms under lock and key, and 2.6% noted that they did not. One half of the parents who lived in rural locations (50.3%) acknowledged having firearms in their homes compared to 27.9% of the parents who were urban dwellers. Over one third of the parents who lived in non-subsidized housing (37.9%) indicated they had firearms in their homes while slightly lower proportions of parents who lived in subsidized or public housing (28.5 %) acknowledged having a firearm in their homes. Almost one half of the parents of White children had firearms (46.2%), more than parents of African American children (36.2%), and twice as often as parents of Hispanic children (21.3%).

5.3 Social Support

Families need outside sources of support in raising young children. In the fall of 1997, parents were asked about the people or groups in their lives that were helpful to them during the past six months in raising their Head Start children. Even at the beginning of the school year, almost all of the parents (87.1%) reported that Head Start was helpful (25.2%) or very helpful (62.0%) as a source of support (Exhibit 5-2). Overall, Head Start was considered slightly more helpful than relatives (84.3%) and much more helpful than other parents (67.9%), friends (64.0%), people from religious or social groups (46.5%), child care staff (31.5%), professional help givers (23.3%), or co-workers (21.3%). By the spring of 1998, 94.0% of the parents indicated that Head Start had been helpful or very helpful to them in raising their children.

Exhibit 5-2
Social Support Reported by Head Start Parents, Fall 1997



A summary score measuring total support[1] was created for each parent who responded to the questionnaire. Interestingly, parents who were employed reported significantly higher levels of overall support, $t(2957) = 16.65$; $p < .0001$, than parents not in the workforce, even though coworkers were least likely to be mentioned by the parents as a source of support in raising their children. Levels of overall support significantly decreased among those parents who lost employment from the fall of 1997 to the spring of 1998, $t(207) = 4.44$; $p < .0001$, and increased for parents who gained employment from fall of 1997 to the spring of 1998, $t(299) = 8.70$; $p < .0001$.

Differences in the overall level of support also varied by ethnicity. Parents of African American children reported having significantly higher levels of support than parents of White children and parents of Hispanic children, $F(5, 2948) = 6.24$; $p < .0001$. No significant differences were found in reported levels of support between parents who were married or not married at the time of the fall 1997 interview. However, those parents who were no longer married by the spring of 1998 reported increased overall support for raising their children during the second interview, $t(77) = 2.96$; $p = 0.004$. No change in support was found among parents who were not married in the fall of 1997 but were married in the spring of 1998. Parents who lived in rural locations reported significantly higher levels of support than parents who lived in urban areas, $t(2929) = 3.20$; $p < .001$. Finally, a small but statistically significant relationship was found between the number of individuals who lived in the household and the level of overall support reported by the parents. The more individuals living in the household, the less overall support the parents reported, ($r = -0.08$; $p < .001$).

5.4 Depression

Because depression is a frequent phenomenon in low-income families with young children (Belle, 1982), depression among the Head Start parents was measured using the CES-D Depression Scale[2] (Radloff, 1975). Overall, parents had a mean score of 7.2 in the fall of 1997, which is in the mildly depressed range. While most parents were classified as not depressed (41.9%) or only mildly depressed (27.7%), close to one third of the parents (28.4%) were classified as moderately depressed (15.6%) or severely depressed (12.8%). From fall to spring, there was a small decline in the overall mean depression scores (spring 1998 score of 7.0), but the difference was not statistically significant.

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[1] Summary support score is based on respondents' ratings of how helpful individuals were in helping them raise their Head Start children over the past six months. Each of nine categories of individuals was rated on a 3-point scale ranging from "not very helpful" to "very helpful." Summary score ranges from 0 to 27, with higher scores representing more support. $M = 13.5$; $SD = 5.2$.

[2] The CES-D Scale (12-item version) measures levels of depression among parents. Score range 0-36. Zero-4 = Not depressed; 5-9 = Mildly depressed; 10-14 = Moderately depressed; 15 or more = Severely depressed. $M = 7.2$; $SD = 6.7$.

Levels of depression varied by ethnicity. Larger proportions of parents of African American children were classified as moderately or severely depressed (35.2%) than parents of White children (30.1%) or parents of Hispanic children (23.5%).

Exhibit 5-3 presents a series of zero-order correlations between depression and other factors such as educational attainment, discipline methods, safety practices, or activities with their children. Findings indicate that parents who were more depressed were also those who had a need for ($r = 0.25$; $p < .0001$) and used ($r = 0.20$; $p < .0001$) more social services, had a more external locus of control ($r = -0.35$; $p < .0001$) and reported less social support ($r = -.05$; $p < .001$), reported a lower household income ($r = -0.11$; $p < .0001$), and engaged in fewer safety practices ($r = -.11$; $p < .0001$). When asked about activities with the children, parents who were more depressed were more likely to report that the mothers in the households participated in fewer activities with their children ($r = -0.06$; $p < .01$). A higher proportion of mothers living without a father in the home were classified as moderately or seriously depressed (32.7%) than those who had a father present in the home (22.9%). Parents who identified smokers in their households, $t(2965) = 6.37$; $p < .0001$, and problem drinkers in their households, $t(2974) = 4.06$; $p < .0001$, were significantly more depressed. As expected, levels of depression significantly increased for those parents who lost employment between the fall of 1997 to the spring of 1998, $t(208) = 2.38$; $p < .0001$, and decreased for parents who gained employment between the fall interview and the spring interview, $t(301) = -2.19$; $p < .0001$.

Exhibit 5-3
Correlations between Depression and Selected Factors Related to the Well-being of Children and Families

Child Problem Behavior	**Child Behavior – Aggressive**	**Child Behavior – Withdrawn**	**Child Behavior – Hyperactive**	**Positive Social Behavior**	**Number of Mother's Activities with Child**
$r = -.28$ $p < .0001$	$r = .22$ $p < .0001$	$r = .22$ $p < .0001$	$r = .20$ $p < .0001$	$r = -.08$ $p < .0001$	$r = -.06$ $p < .01$

Social Support	**Number of Social Services Needed**	**Number of Social Services Received**	**Household Income**	**Home Safety Practices**	**Educational Attainment**
$r = -.08$ $p < .001$	$r = -.06$ $p < .0001$	$r = .20$ $p < .0001$	$r = -.11$ $p < .0001$	$r = -.11$ $p < .0001$	$r = -.05$ $p < .01$

Findings also revealed that parental depression was significantly related to children's behavior ratings. Parents who were more depressed reported children with higher ratings of problem behavior[3] ($r = .28$, $p < .0001$), including aggressive[4] ($r = .22$, $p < .0001$), hyperactive[5] ($r = .20$, $p < .0001$), and withdrawn[6] ($r = .22$; $p < .0001$) behavior. Two small but significant negative correlations were also found between parental depression and children's positive social behavior ratings[7] ($r = -.08$; $p < .0001$) and emergent literacy[8] ($r = -.04$; $p < .05$), indicating that less depressed parents reported having children with better social and academic skills.

5.5 Household Rules

To learn about the structure of children's activities in the household, parents were asked about rules or routines for their children. A large majority of parents (90.2%) reported that their children had a set time to go to bed each night, while 86.0% reported having rules about what types of television programs their children watched. Fewer children, about three quarters (76.2%), had responsibilities for helping with household chores, while less than two thirds of the parents reported that they had rules or routines for how much television their children could watch (63.2%) or what types of foods their children were allowed to eat (64.7%).

In fall 1997, two thirds of the families used at least 4 of the 5 rules, and the mean number of reported rules or routines was 3.9. Almost one tenth of the parents (9.3%) reported having only two rules or routines, and 4.3% reported having only one rule or routine for their children. Among the families who had the same respondent complete the spring 1998 interview, there was a significant increase in the number of rules used by most families (mean change = .17; $t = 7.2$; $p < .0001$) over the Head Start year.

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[3] An adaptation of the Achenbach Child Behavior Checklist (Total Problem Behavior Index). Each of 12 behavior items, based on parent report, is rated on a 3-point scale ranging from "not true" to "very true or often true." Summary score ranges from 0-24, with higher scores representing more frequent or severe negative behavior.

[4] A subscale of the Total Problem Behavior Index, each of four items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child hits and fights with other children, has temper tantrums, doesn't get along with others, and is disobedient at home. Subscale score ranges from 0-8

[5] A subscale of the Total Problem Behavior Index, each of three items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child can't pay attention for long, is very restless, and is nervous, high-strung, or tense. Subscale score ranges from 0-6.

[6] A subscale of the Total Problem Behavior Index, each of five items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include whether child is unhappy, worries, feels worthless, has difficulty making changes, or acts too young. Subscale score ranges from 0-8.

[7] A summary score of 7 parent-reported behavior items rated on a 3-point scale ranging from "not true" to "very true or often true." Score ranges from 0-14, with higher scores representing more positive behavior.

[8] A summary score of 5 parent-reported child skills including whether child can identify all of the primary colors, recognize most or all letters of the alphabet, count to twenty or higher, write rather than scribble, and write own name. Scores range from 0-5.

5.6 Discipline Practices

Parents were asked about their use of two discipline practices: time out and spanking. In fall 1997, 69.4% of the parents reported that they had used a time out with their children during the previous week, while 46.2% reported that they had spanked their children during the same time. The parents who reported using time outs had given an average of 3.0 time outs during the previous week, while parents who indicated they had spanked their children had done so, on average, 2.1 times during the previous week.

Among the sample of parents who were respondents in both fall 1997 and spring 1998, there was little change in the reported use of either discipline practice. For this group, the proportion of parents who spanked their children in the previous week went from 45.7% in the fall to 44.2% in the spring. The reported use of time outs in the previous week went from 67.7% in fall 1997 to 71.0% the following spring. Paired t-tests showed that from baseline to the spring 1998 follow-up, there was no change in the number of spankings or time outs used.

When asked if Head Start had taught them any new ways to discipline their children, 42.3% of the parents replied that Head Start had helped them. Given that 72.0% of the parents who reported they had learned a new way to discipline their children were from the families in which the children (and most parents) were new to Head Start in fall 1997, this suggested that Head Start may have some influence with parents new to the program. Therefore, further analyses were conducted looking at parents with no previous Head Start experience. The parents who were new to Head Start spanked and used time outs at similar rates to the overall sample of parents. In fall 1997, 42.7% of the parents reported giving spankings, and 67.7% reported using time outs. These numbers showed little change in spring 1998, with 43.4% issuing spankings and 70.1% giving time outs. The proportion of parents who reported learning new information from Head Start about discipline was 39.1%.

In assessing parents' use of discipline across time, an unusual pattern of change emerged. As seen in Exhibit 5-4, a majority of these parents (69.7%) were consistent in their use or non-use of time outs or gave the same reports of spanking or not spanking in the fall of 1997 and the spring of 1998 (71.5%). However, for both disciplinary practices, about equal percentages of parents reported adding or dropping the behavior (see the shaded cells in Exhibit 5-4). For example, in spring 1998, 13.3% of the parents who did not report using time out at baseline now reported having used time outs with their children. In contrast, an almost identical proportion of parents, 13.4%, who had reportedly used time outs in the fall did not report them the following spring. Similarly, while 12.9% of the parents who had spanked their children in the fall did not report doing so in the spring, virtually the same percentage, 12.5%, reported spanking their children in the spring after not reporting so in the fall. The implication of this finding is that while it was noted that almost two fifths of the parents new to Head Start reported learning new discipline styles from Head Start, this seems to have had little effect on reported behaviors. Where 68.1% of the parents reported use of time outs in the fall, 71.5% reported use of time outs in the follow-up interview. There was virtually no change in spanking behavior within the group of parents new to Head Start. In the fall, 41.4% of the parents spanked their children, while 41.6% reported the same in the spring

Exhibit 5-4
Change in Use of Time Out and Spanking from Fall 1997 to Spring 1998.

Use of Time Out			Use of Spanking		
	Spring 1998			**Spring 1998**	
Fall 1997	No time out	Time out	**Fall 1997**	No spanking	Spanking
No time out	15.5%	13.3%	No spanking	41.7%	12.5%
Timeout	13.4%	54.2%	Spanking	12.9%	29.8%

Among the larger sample of parents who participated in fall 1997 and spring 1998, discipline practices appeared to vary by ethnicity. Time outs were most likely used by parents of White children (77.3%), followed by the parents of African American children (62.2%) and parents of Hispanic children (57.7%). In fall 1997, more than one half of the parents of African American children (53.9%) reported using spankings, about two fifths of the parents of Hispanic children (41.9%) and one third of the parents of White children (32.8%) reported having spanked their children in the previous week. Only slight changes in these percentages were reported in spring 1998 (53.5% African American, 40.5% Hispanic, and 38.8% White). Using paired t-tests to assess change over time in the number of spankings by parents, no significant differences were found within any of the ethnic groups. Regardless of the ethnic group, between one third and one half of the parents reported learning a new discipline practice from Head Start. The highest report of learning new discipline practices came from parents of Hispanic children (45.5%), followed by parents of White children (40.4%) and parents of African American children (33.7%).

The use of spanking as a disciplinary practice was explored more fully through univariate and multivariate logistic regression models. Crude odds ratios and 95% confidence intervals for the independent variables (depression, single parenthood, and educational attainment) included in the models are presented in Exhibit 5-5. These estimates indicate that being depressed, regardless of the severity, and having only a mother in the home increased the likelihood of children being spanked. Parents who were mildly depressed were 1.6 times more likely to spank their children (OR = 1.63) than parents who were not depressed, while parents who were moderately depressed (OR = 1.71) or severely depressed (OR = 1.65) were approximately 1.7 times more likely to use spanking as a discipline method than non-depressed parents. Single mothers were 1.4 times more likely to spank than mothers who had the children's fathers present in their households.[9] There appeared to be no relationship between educational attainment and the parent's use of physical punishment. Parents who had a high school diploma, GED, or some college were no more likely to spank their children than parents who had less than a high school diploma.

It is widely accepted that cultural norms influence the type of discipline practices used by parents (Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000; Whaley, 2000; McGroder, 2000; Kilgore, Snyder, & Lentz, 2000; Kelly, Power, & Wimbush, 1992). Univariate logistic regression models indicated that, compared to parents of White children, parents of Hispanic children were 1.3 times more likely to use spanking as a discipline method (OR = 1.31) and parents of African American children were two and one-half times more likely to have reported spanking their children in the past week (OR = 2.49). In a multivariate logistic regression model, the adjusted odds ratios suggest that even after controlling for the effects of income, education, age, single parenthood, and use of social services, parents of African American children (OR = 2.30) as well as parents who were mildly (OR = 1.63), moderately (OR = 1.55), and severely depressed (OR = 1.63) were more likely to spank their children than parents of White children or parents who were not depressed (Exhibit 5-5), respectively.

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[9] Data were not collected to determine whether or not the father in the household spanked.

Exhibit 5-5

Crude and Adjusted Odds Ratios (OR) and 95% Confidence Intervals (CI) for Using Spanking as a Discipline Method by Depression, Single Parenthood, Educational Attainment, Ethnicity, Income, and Age

	Use of Spanking as a Method of Discipline			
	Crude OR	95% CI	Adjusted OR	95% CI
Depression				
Not depressed (referent)	--	--	--	--
Mildly depressed	1.63	(1.37 – 1.95)	1.63	(1.32 – 2.01)
Moderately depressed	1.71	(1.38 – 2.13)	1.55	(1.19 – 2.01)
Severely depressed	1.65	(1.31 – 2.08)	1.63	(1.23 – 2.16)
Single Parenthood	1.39	(1.20 – 1.60)	1.06	(0.88 – 1.29)
Educational Attainment				
Less than high school (referent)	--	--	--	---
High school diploma or GED	1.08	(0.90 – 1.20)	1.14	(0.92 – 1.42)
Some college or more	0.94	(0.86 – 1.03)	0.87	(0.77 – 0.97)
Ethnicity/Race				
White(referent)	---	---	---	---
African American	2.49	(2.07 – 3.01)	2.30	(1.82 – 2.90)
Hispanic	1.21	(1.10 – 1.34)	1.14	(1.02 – 1.30)

5.7 Exposure to Violence and Crime

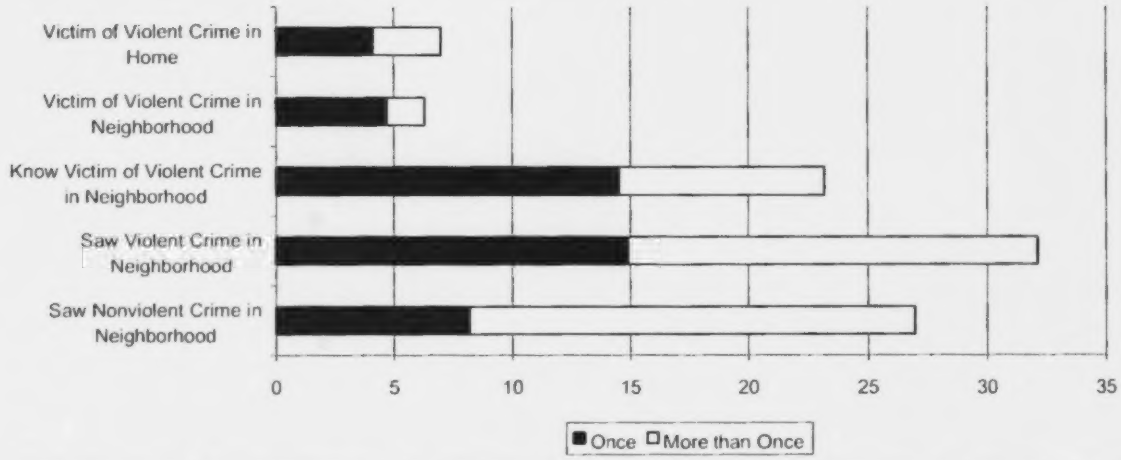
Neighborhoods have long been recognized in theory and research as important contexts for child development. Children who are exposed to neighborhood violence are at increased risk for lower social competence and negative emotional or behavioral functioning (Brooks-Gunn, Duncan, & Aber, 1997). Parents were asked about the violence they knew to occur in their neighborhoods, and were asked additional questions about their own personal exposure to violence, as well as the exposure to violence experienced by their Head Start children.

Family Exposure to Violence and Crime

More than one fourth of all parents (27.0%) reported seeing nonviolent crime such as selling drugs or stealing in their neighborhoods in fall 1997 (18.8% more than once), while even more (32.1%) reported being a witness to violent crime (17.2% more than once). Almost one quarter (23.2%) of the parents knew someone who was the victim of a violent crime in their neighborhood, bringing the reality of violence very close to many of the Head Start families. Being a victim of violent crime in the neighborhood was reported by 6.3% of the parents while 7.0% of the parents reported being victims of violence in their homes (Exhibit 5-6).

Exhibit 5-6

Parents' Reports of Exposure to Violence and Crime in the Past Year, Fall 1997



Exposure to violence varied across ethnic groups. Among parents of African American children, 43.5% reported seeing nonviolent crimes in their neighborhoods, a figure that was about twice the rate reported by parents of White children (16.2%) or parents of Hispanic children (24.2%). In contrast, just under one quarter of each group of parents reported exposure to violent crime in their neighborhoods. For reports of victimization, parents of African American children were again highest, with 10.2% indicating they were victims of crime in their neighborhoods, and 11.9% reporting they were victims of violent crime in their homes. These figures were generally twice as high as comparable reports for parents of White children (5.6% in the neighborhoods; 3.5% in their homes) and for parents of Hispanic children (1.0% in the neighborhoods; 3.5% in their homes).

Child Exposure to Violence

As for the Head Start children, almost one fifth (17.4%) were reported by parents to have witnessed a crime or domestic violence in their lives, and 2.7% had actually been the victims of domestic violence or crime. As with the parents' self-reports, exposure to violence varied by ethnic group. About one fifth of the African American children (19.6%) and the White children (21.3%) had some exposure to violence, almost twice as high as the reported rate for Hispanic children (11.0%). In the spring of 1998, 7.5% of the children had witnessed domestic violence and 3.8% witnessed a violent crime during the Head Start program year. Less than one percent of the children were reported by their parents to have been victims of violent crime (0.5%), while slightly more were victims of domestic violence (1.5%) during the program year.

Effects of Violence on Child and Family Outcomes

Exposure to neighborhood violence may have direct and indirect effects on child outcomes. In order to test the relationships between exposure to violence and other family and child factors, a summary score measuring total exposure to violence[10] was created for each parent who responded to the questionnaire. Small but significant positive correlations were found between neighborhood violence and the child problem behavior subscales ($r = .09$; $p < .0001$), including aggressive ($r = .10$; $p < .0001$), hyperactive ($r = .05$; $p < .001$) and withdrawn behavior ($r = .04$; $p < .05$). Stronger correlations were found between neighborhood violence and parental depression ($r = .26$, $p < .0001$) and between parental depression and overall child behavior problems ($r = .28$; $p < .0001$), suggesting that depression may mediate these relationships by serving as the mechanism through which exposure to neighborhood violence leads to problem behavior in children. A mediational model similar to that displayed in Exhibit 5-7 was tested using linear regression. In path c, neighborhood violence was a significant predictor of child behavior. However, once paths *a* and *b* were controlled, this relationship was no longer significant, confirming that depression did mediate the relationship between violence and child behavior.

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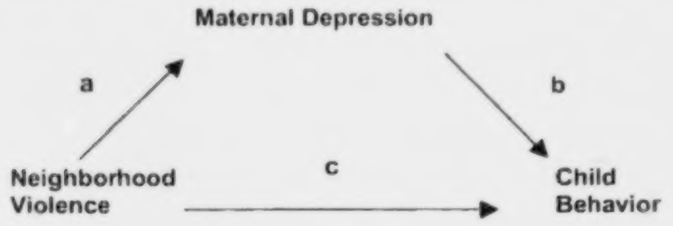
[10] Violence score is based on the frequency of respondents' exposure to five items of neighborhood and personal violence. Frequency ranged from never, once, or more than once. Total score range was from 5-15. $M = 6.1$; $SD = 1.8$.

Exhibit 5-7
Mediational Model: Neighborhood Violence, Child Behavior, and Depression



A series of linear regression models tested whether the impact of exposure to violence on child behavior and depression varied as a function of (or was moderated by) social support, family size, presence of father, locus of control, and family activities, as well as Head Start support, satisfaction, experience, and involvement. Exhibit 5-8 presents the interaction terms found to be significant moderators of exposure to violence in the regression equations, and indicates the important role Head Start can play in moderating these relationships.

Exhibit 5-8
Moderators of Exposure to Violence

Child Problem Behavior as the Dependent Variable

Among Hispanic Families:
Neighborhood Violence x Head Start Satisfaction ($p = .006$)

Among White Families:
Neighborhood Violence x Head Start Experience ($p = .04$)

Among All Families and African American Families:
No significant interactions

Depression as the Dependent Variable

Among All Families:
Neighborhood Violence x Locus of Control ($p < .0001$)

Among Hispanic Families:
Neighborhood Violence x Locus of Control ($p < .0001$)
Neighborhood Violence x Head Start Experience ($p = .04$)
Neighborhood Violence x Head Start Involvement ($p = .01$)

Among White Families:
Neighborhood Violence x Locus of Control ($p < .0001$)
Neighborhood Violence x Head Start Experience ($p = .05$)

Among African American Families:
No significant interactions

Satisfaction with Head Start, as well as having a positive experience at Head Start, significantly modified the relationship between exposure to violence and problem behavior in children for parents of White and Hispanic children. The negative impact of exposure to violence on depression was moderated by Head Start experience for parents of Hispanic and White children, moderated by Head Start involvement for parents of Hispanic children, and moderated by an internal locus of control for all parents.

5.8 Involvement with the Criminal Justice System

Parents were also asked if they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of their Head Start children. Almost one fourth (22.6%) of the parents reported that someone had been arrested and charged with a crime and 17.5% reported someone who spent time in jail. When asked who was arrested or charged with the crime, 93.9% of those identified were fathers or mothers. Almost one fifth of all fathers (17.1%) and 5.4% of all mothers were arrested and charged with a crime since the birth of their Head Start children. Parents of Hispanic children had the lowest proportion of reports of having someone in their family who was arrested (12.9%), about one half of the percentages reported by parents of White children (26.7%) or parents of African American children (27.6%).

Univariate logistic regression models were used to determine estimates of risk among those families who had someone close to them who was involved in the criminal justice system. Crude odds ratios and 95% confidence intervals are presented in Exhibit 5-9. These risk estimates indicate that parents who reported that they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of their Head Start children were almost twice as likely to be depressed (OR=1.71), approximately two and one half times more likely to be single mothers (OR=2.33), and over four times more likely (OR=4.23) to have been a victim of violent crime in their homes than parents who did not have someone significant in their lives involved in the criminal justice system.

Children in families from which someone had been arrested were at great risk for witnessing or being a victim of violence compared to children in families where no one had been arrested or charged with a crime. These Head Start children were almost five times more likely (OR = 4.74) to have been a witness to violent crime or domestic violence and four times more likely (OR = 4.04) to have been a victim of violent crime or domestic violence.

Exhibit 5-9
Crude Odds Ratios (OR) and 95% Confidence Intervals (CI) for Having the Parent, Another Household Member, or a Non-Household Biological Parent Arrested or Charged with a Crime Since the Birth of the Head Start Child

	Arrested or Charged with a Crime	
	Crude OR	95% CI
Parent depressed	1.71	(1.43 – 2.04)
Parent single mother	2.33	(1.95 – 2.78)
Parent victim of violence in home	4.27	(3.13 – 5.82)
Child witness to violent crime or domestic violence	4.74	(2.20 – 5.80)
Child victim of violent crime or domestic violence	4.04	(2.62 – 6.21)

5.9 Household Cigarette, Alcohol, and Drug Use

Almost one half of the Head Start children (45.9%) lived in households with at least one individual who smoked cigarettes. Although most of the parents reported being in good health, those parents who lived in non-smoking households reported better health than those parents who lived in smoking households, $t(2966) = 3.15; p < .01$. Only 4.7% of the parents reported that someone in their household had a drinking problem and even fewer (1.2%) reported living with someone who had a drug problem.

Reported substance use varied by ethnicity. Cigarette smoking was reported less frequently in households where Hispanic children lived (28.9%) than in households of African American children (42.4%) or White children (64.4%). Also, parents of White children reported living with someone who had an alcohol problem (6.4%) or drug problem (2.0%) more often than parents of African American children (3.3% alcohol problem; 1.2% drug problem) or parents of Hispanic children (3.8% alcohol problem; 0.3% drug problem). Smoking households were more often located in rural areas (55.0%) than in urban locations (41.4%).

5.10 Family Risk Factors

Recent research has focused more on how multiple occurrences of some family characteristics may predict negative outcomes for children (Huston, McLoyd, & Garcia, 1997; McLoyd, 1998; Vandivere, Moore & Brown, 2000). A particular approach, taken in the 1999 Kids Count Data Book (Annie E. Casey Foundation, 1999) looked at how six particular family characteristics affected child development and well-being. These six characteristics, labeled as risk factors, were:

- The child was not living with two parents;
- The household head was a high school dropout;
- The family income was below the poverty line;
- The child was living with a parent(s) who did not have steady, full-time employment;
- The family was receiving welfare benefits; and
- The child did not have health insurance.

Although the available data from the FACES parent interview do not allow an exact match with these categories, close approximations are possible. For example, as outlined in the Kids Count Data Book, the actual effects of the household heads not completing high school were mostly centered on the mothers. Given that FACES has much more complete information about mothers, the risk factor was adjusted to mothers who did not complete high school. As noted earlier, FACES collected information on household income, not family income. Therefore, the classification of families as being below the poverty line was based on household income. Exhibit 5-10 shows the percentage of families in FACES determined to have each risk factor, as well as a breakdown of each risk by urbanicity and ethnicity. Across all families, the most prevalent risks were being in a family that was below the poverty level (66.7%) and being from a single-parent household (52.8%). None of the other risks were reported for more than one third of the families.

Exhibit 5-10

Percentage of Families with Selected Risk Factors[a] for Child Development by Urbanicity and Ethnicity, Fall 1997

	Weighted Percentages						
		Urbanicity		Ethnicity			
	All 2983	Urban $n=2011$	Rural $n=972$	African American $n=1,050$	White $n=826$	Hispanic $n=662$	Other $n=421$
Risk Factors							
Single parent household	52.8	52.7	53.0	67.7	52.5	39.8	44.9
Mother did not complete high school	29.4	30.6	27.1	27.5	20.5	42.2	27.1
Household income below the FPL	64.9	66.7	61.3	74.2	54.8	69.5	63.8
No household parent with a job	25.6	27.0	22.9	34.5	21.8	21.1	24.0
Family receives welfare	30.3	34.3	22.1	46.7	23.0	22.8	21.4
Child not covered by health insurance or Medicaid	18.2	16.4	21.9	11.8	17.3	25.0	19.6
Number of Risk Factors							
Family has one risk factor	23.8	21.6	28.2	17.8	28.9	24.3	26.0
Family has two risk factors	25.8	25.1	27.2	22.9	25.2	30.2	26.4
Family has three risk factors	19.1	20.6	16.2	20.9	15.9	20.2	19.1
Family has four or more risk factors	20.6	21.9	17.9	31.2	14.8	17.4	15.2

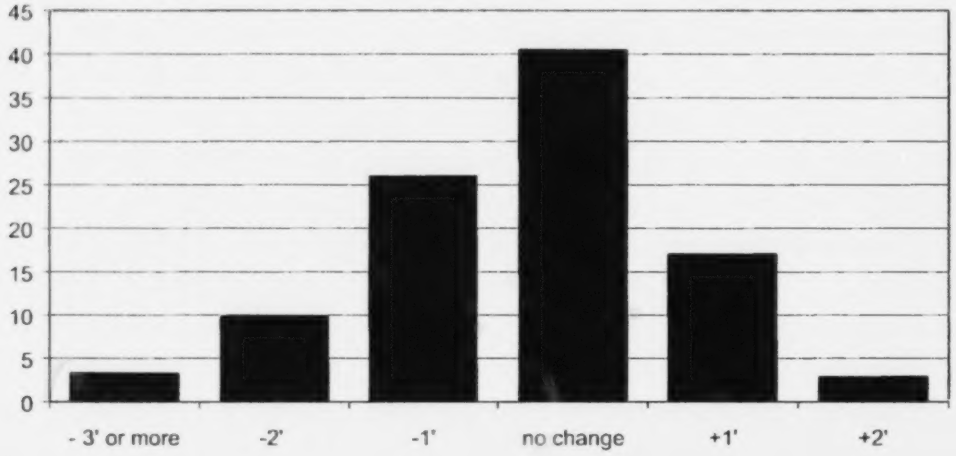
[a] Risk factors adapted from Kids Count Data Book, 1999

As noted in the Kids Count Data Book, increases in the number of risk factors, particularly counts of four or more risks, increase the likelihood of negative child outcomes. Exhibit 5-10 also shows the percentage of families with multiple risk factors. One fifth of the families (20.6%) were found to have four or more risk factors. The level of risk did not vary by urbanicity. Less than one fifth of the families of White children (14.8%) and Hispanic children (17.4%) had four or more of the risk factors, but almost one third of the families of African American children (31.2%) were found to have this highest level of risk.

Those families who reported four or more risk factors had children who scored significantly lower on the emergent literacy scale than parents who reported fewer than four risk factors, $t(2977) = 2.92; p < .001$. Interestingly, while the mean scores for child behavior problems were slightly higher for those children who were members of families with four or more risk factors than families with fewer risk factors, the differences were not statistically significant. However, parents from families with four or more risk factors were more depressed, $t(2977) = -8.13$; $p < .0001$, reported less social support, $t(2971) = 8.12$; $p < .0001$, and had a more external locus of control, $t(2979) = 4.88$; $p < .0001$, than parents with fewer than four risk factors.

The percentages in Exhibit 5-10 show baseline data (fall 1997). It was also possible to assess change in risk from the fall 1997 to the spring 1998 data collection. The overall level of reported risk decreased among the families (mean change = -0.3; $t = -14.02$; $p < .0001$) over the year. The proportion of families encountering four or more risk factors fell to 12.4%, while the proportion of families facing one or fewer risks went from 36.3% in the fall to 44.6% the following spring. As shown in the chart in Exhibit 5-11, the largest proportion of families (40.5%) had no change in their reported level of risk. For 39.0% of the families, the level of risk declined, while the total number of risk factors increased for about one half that number of families (20.5%).

Exhibit 5-11
Change in Family Risk Factors from Fall 1997 to Spring 1998



5.11 Summary

Findings from this chapter have contributed to a more complete understanding of how Head Start families function in their daily lives. The following is a summary of the key findings.

Home Safety Practices

- Almost all parents reported engaging in safety practices such as using a child safety seat or seat belt for their children, keeping medicines in childproof bottles, having an operating smoke detector, and having a first aid kit.
- Parents were also asked about keeping firearms under lock and key. While most parents indicated that this question was not applicable to them, more than one third acknowledged having firearms in their homes.

Social Support

- Even at the beginning of the school year, almost all of the parents reported that Head Start was helpful to them as a source of support in raising their young children. Overall, Head Start was considered slightly more helpful than relatives, and much more helpful than other parents, friends, people from religious or social groups, child care staff, professional help givers, or co-workers.

Depression

- Close to one third of the parents were classified as moderately or severely depressed. Parents who were more depressed had a greater need for and reported use of social services, had a more external locus of control, had less social support, had a lower household income, engaged in fewer safety practices, and participated in fewer activities with their children.
- Mothers living without their children's fathers in their homes more often reported being depressed than those with fathers present.
- Parents who were more depressed reported children with higher ratings of problem behavior, including aggressive, hyperactive, and withdrawn behavior. Parents who reported less depression also reported children with higher ratings of positive social behavior and emergent literacy.

Household Rules

- Two thirds of the families used 4 out of 5 household rules. A large majority of parents reported that their children had a set time to go to bed each night and rules about what types of television their children watched.

Discipline Practices

- Over two thirds of parents reported that they used a time out with their children during the week prior to the fall 1997 visit, while almost one half of the parents reported spanking their children during the same period. There was little change in the reported use of either timeout or spanking from fall 1997 to spring 1998.

- Being depressed, regardless of the severity, and having only a mother in the home increased the likelihood of parents spanking their children.

- Compared to parents of White children, parents of Hispanic children were one and one third times more likely to spank their children and parents of African American children were two and one half times more likely to spank their children.

Exposure to Violence

- More than one fourth of all parents reported seeing nonviolent crime in their neighborhoods, while close to one third reported seeing a violent crime in the same area.

- Almost one quarter of the parents knew someone who was a victim of a violent crime in their neighborhoods, bringing the reality of violence very close to many of the Head Start families.

- About one fifth of the children were reported to have witnessed a crime or domestic violence in their lives, and three percent had actually been victims of domestic violence or crime.

Effects of Violence on Child and Family Outcomes

- Findings suggest that exposure to neighborhood violence did negatively impact child behavior, even in children as young as 3- and 4-years old.

- Since depression was found to mediate the relationship between neighborhood violence and child behavior, the effect of neighborhood violence was most likely indirect, with depression serving as the mechanism through which exposure to neighborhood violence led to problem behavior in children.

- It appears that being involved in and having a positive experience at Head Start may have served as protective factors against exposure to neighborhood violence.

- Cultural differences seemed to play a role in determining what factors moderated negative outcomes of depression and problem behavior in children.

Involvement with the Criminal Justice System

- Almost one fourth of the parents reported that they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of their Head Start children and almost one fifth indicated that someone spent time in jail.

- Children from families who had involvement with the criminal justice system were almost five times more likely to have been exposed to violent crime or domestic violence and four times more likely to have been a victim of violent crime or domestic violence.

Household Cigarette, Alcohol, and Drug Use

- Almost one half of the Head Start children lived in households with at least one smoker. Less than five percent of the parents reported that someone in their household had a problem with alcohol or drugs.

Family Risk Factors

- Across all families, the most prevalent risks were being in a family with overall household income that was below the Federal Poverty Level and being from a single-parent household.

- One fifth of the families were found to have four or more of the identified risk factors. Children in these families had significantly lower scores on the Emergent Literacy Scale and may be considered to be at risk for developmental problems.

- Parents in families with four or more risks were more depressed, had less social support, and were more external on the locus of control scale.

6.0 Families' Involvement with Their Children

6.1 Overview

This chapter focuses on Head Start's interest in fostering family involvement with their children. The first section will present data on the level of activity family members engaged in with Head Start children. Subsequent sections will present findings on the effects of having fathers living in or out of their children's households, as well as changes in household structures and how these changes affected children and families.

6.2 Family and Child Activities

Parents were asked how often family members engaged in weekly as well as monthly activities with their Head Start children. The weekly activities included the following:

- Told the child a story;
- Taught the child letters, words or numbers;
- Taught the child songs or music;
- Worked on arts and crafts with the child;
- Played with toys or games indoors or played a game, sport, or exercised together;
- Took the child along while doing errands like going to the post office, the bank or the store; and
- Involved the child in household chores like cooking, cleaning, setting the table, or caring for pets.

The monthly activities included the following:

- Visited a library;
- Went to a play, concert, or other live show;
- Visited an art gallery, museum, or historical site;
- Visited a zoo or aquarium;
- Talked with the child about family history or ethnic heritage;
- Attended an event sponsored by a community, ethnic, or religious group; and
- Attended an athletic or sporting event in which the child was not a player.

In a separate question, parents were asked how many days family members read to their Head Start children during the week prior to the interview. Across all activities, when parents indicated that reading or another type of activity had taken place, a follow-up question asked them to indicate which family members (mother, father, other household member, non-household member) participated in each activity with the children.

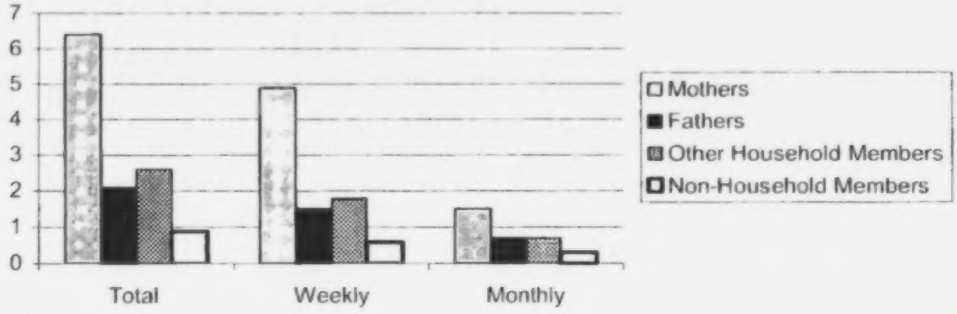
Weekly and monthly activity scores were generated by summing the number of activities each parent reported their family had engaged in with the child during the specified recall period. Total activity scores are based on the sum of the weekly and monthly activity scores. The total activity score for weekly and monthly activities indicated that families engaged in a mean of 6.2 activities with the children, out of a possible 14 activities (*SD* = 2.4). Weekly activities made up most of that total, with a reported mean of 4.1 activities of a possible seven (*SD* = 1.6), while a mean of 1.9 monthly activities was reported (*SD* = 1.5), also out of a possible seven.

Ethnic differences were noted in the number of activities families engaged in with their children. For total activity, there was a significant main effect across the three main ethnic groups, $F(2, 2202) = 16.4, p < .0001$. Scheffe post-hoc tests revealed that African American children had higher activity than either White or Hispanic children, and that White children had higher overall activity scores than Hispanic children. For the weekly activities, there was again a significant main effect for ethnicity $F(2, 2203) = 12.2, p < .0001$, with both African American and White children having more activity than Hispanic children. Finally, a third significant main effect for ethnicity was noted for the monthly activities, $F(2, 2624) = 24.6, p < .0001$, showing that the African American children had higher levels of activity than either the White or Hispanic children.

Because the follow-up questions asked who engaged in these activities with the children, it was possible to assess children's activity with mothers, fathers, other household members, and non-household family members. Exhibit 6-1 presents the means of the weekly, monthly, and total activities by each of the four types of family members. Regardless of the type of activity, mothers were the individuals who most often engaged in these activities with their children.

Exhibit 6-1

Mean Total, Weekly, and Monthly Activities of Family Members with Head Start Children, Fall 1997



While weekly activities generally occurred more often than monthly activities, having a grandparent in the home was particularly important to the levels of monthly and total activities. Children who were living in households where a grandparent was present had higher levels of monthly activity, $t(2965) = 2.76$; $p = .0059$, and subsequently, this had a similar effect on the total number of activities these families engaged in with their children, $t(2502) = 2.03$; $p < .0425$. As expected, the presence of a grandparent had an effect on the activities with children specifically attributed to other household members[1]. When a grandparent was present, total child activities with other household members were higher, $t(2966) = 10.76$; $p < .0001$, as were the reported numbers of weekly, $t(2966) = 10.47$; $p < .0001$, and monthly activities with other household members, $t(2966) = 6.97$; $p < .0001$.

The relationships between activities with children and selected child and family characteristics were assessed through bivariate correlations. As seen in Exhibit 6-2, participating in family activities with children was related to several positive outcomes. While family activities were positively correlated with scores on positive child behaviors[2] and emergent literacy[3], the patterns of correlations were negative between activities and problem behaviors. The exhibit shows that all three types of activity scores were negatively correlated with overall problem behavior[4], as well as with aggressive[5] and hyperactive[6]

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[11] In the interview, parents were asked about child-oriented activities with the other family members in the household (non-parents) and non-household family members. The specific relationships of these individuals to the children were not specified, but could have included the grandparents.

[2] A summary score of 7 parent-reported behavior items rated on a 3-point scale ranging from "not true" to "very true or often true." Scores ranged from 0-14, with higher scores representing more positive behavior.

[3] A summary score of 5 parent-reported child skills including whether child can identify all of the primary colors, recognize most or all letters of the alphabet, count to twenty or higher, write rather than scribble, and write own name. Scores ranged from 0-5.

[4] An adaptation of the Achenbach Child Behavior Checklist (Total Problem Behavior Index). Each of 12 behavior items, based on parent report, is rated on a 3-point scale ranging from "not true" to "very true or often true." Summary scores ranged from

behavior. Only withdrawn[7] behavior evidenced a different pattern: a negative correlation with weekly activity, a positive correlation with monthly activity, and no significant relationship with total activity.

Exhibit 6-2 also shows how the three levels of activity correlated with selected family characteristics. The only family characteristic found to have a negative relationship with activity was parent depression.[8] On the other hand, families' applications of child-oriented rules in the home and reported social support[9] for child rearing were both positively correlated with all three types of activity. Monthly household income was positively correlated with monthly activity, but that was the only significant relationship for income. There was no relationship between any of the three activity levels and the total number of individuals or the number of children (under 18 years of age) reported to be living in the household.

Exhibit 6-2

Correlations of Activity Levels with Selected Child and Family Characteristics, Fall 1997

	Total Activity	Weekly Activity	Monthly Activity
Child Characteristics			
Positive child behavior	.11****	.14****	.04*
Overall problem behavior	-.10****	-.12****	-.06***
Problem behavior - aggressive	-.13****	-.11****	-.11****
Problem behavior - hyperactive	-.10****	-.11****	-.06****
Problem behavior - withdrawn	n.s.	-.06**	.04*
Emergent literacy	.19****	.15****	.17****

0-24, with higher scores representing more frequent or severe negative behavior.

[5] A subscale of the Total Problem Behavior Index, each of four items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child hits and fights with other children, has temper tantrums, doesn't get along with others, and is disobedient at home. Subscale scores ranged from 0-8.

[6] A subscale of the Total Problem Behavior Index, each of three items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child can't pay attention for long, is very restless, and is nervous, high-strung, or tense. Subscale scored ranged from 0-6.

[7] A subscale of the Total Problem Behavior Index, each of five items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include whether child is unhappy, worries, feels worthless, has difficulty making changes, or acts too young. Subscale scores ranged from 0-8.

[8] The CES-D Scale (12-item version) measures levels of depression among parents. Scores ranged from 0-36. Zero-4 = Not depressed; 5-9 = Mildly depressed; 10-14 = Moderately depressed; 15 or more = Severely depressed. $M = 7.2$; $SD = 6.7$.

[9] Summary support score is based on respondents' ratings of how helpful individuals were in helping them raise their Head Start children over the past six months. Each of nine categories of individuals was rated on a 3-point scale ranging from "not very helpful" to "very helpful." Summary scores ranged from 0 to 27, with higher scores representing more support. $M = 13.5$; $SD = 5.2$.

	Total Activity	Weekly Activity	Monthly Activity
Family Characteristics			
Parental depression	-.06**	n.s.	-.11****
Social support for child rearing	.14****	.07***	.17****
Monthly household income	n.s.	n.s.	.06***
Number of household rules	.16****	.08****	.19****

****$p \leq .0001$; *** $p \leq .001$; **$p \leq .01$; *$p \leq .05$

Data collection at multiple time points allowed an assessment of changes in the level of activity from fall 1997 to spring 1998. For the three types of activity (total, weekly, monthly), there were small but significant increases from the fall baseline interview to the spring follow-up interview. Total activity increased by an average of .27 activities (SD = 2.5, $t(1919) = 4.83$; $p < .0001$). Smaller increases were noted for weekly activities (M = .11 activities, SD = 1.8, $t(1920) = 2.85$; $p = .0044$) and monthly activities (M = .13 activities, SD = 1.5, $t(2458) = 2.85$; $p < .0001$). Increases in the levels of activity with children were noted for 45.7% of the families, while 16.2% of the families had no reported change in the number of activities, and 38.2% of the families had a decrease in the reported number of activities with children. The range for the number of increased activities with children was from 1 to 12, while the range for the number of decreased activities with children was from 1 to 9.

The number of significant correlations between changes in activity over time and changes in child and family characteristics was much lower than the number of significant relationships seen between activity and the same characteristics at baseline (Exhibit 6-2). For the child characteristics, increases in weekly activities were positively correlated with increased parent reports of positive social behaviors (r = .07; p = .0014) and emergent literacy (r = .08; p = .0008), but negatively correlated with changes in overall problem behaviors (r = -.05; p = .0264) and hyperactive behavior (r = -.07; p = .0021). Changes in total activities were positively correlated with positive social behaviors (r = .08; p = .0002) and emergent literacy (r = .11; p < .0001). Among the family characteristics, increases in total and weekly activities were positively correlated with increased support for child rearing (total: r = .05; p = .0143; weekly: r = .05; p = .0202), while higher monthly household incomes were positively correlated with increases in monthly activities (r = .04; p = .033).

Changes in some child and family characteristics were associated with changes in total activities with the child from fall 1997 to spring 1998. Significant main effects for activity change from baseline to spring (three categories: increase, no change, decrease) were found for positive child behavior, *F*(2, 1894) = 4.11, $p < .0166$, and emergent literacy, *F*(2, 2623) = 124.8, $p < .0001$. Post-hoc tests indicated that in families where activities with the children increased, parents reported significantly greater increases in positive social behaviors and emergent literacy than for children in families with declines in total activity. Among the family variables, significant main effects were found for activity change on support, *F*(2, 1909) = 4.4, $p = .0123$, and the use of household rules, *F*(2, 1887) = 4.82, $p = .0082$. Again the post-hoc tests showed that families with increases in total activities with children had significantly greater increases in child-rearing support and in the number of household rules used than families with declines in total activity. In the case of the use of household rules, families that increased total activity also had a significantly greater increase in the number of rules used in the home than families with no change in activity.

For the final type of activity, reading to the child in the home, 92.0% of the parents reported that they or another family member read to the children during the past week. Almost two fifths of the children (37.5%) were read to every day, while 28.5% were read to three or more times and 26.8% were read to once or twice during the week prior to the interview. The smallest proportion, 7.1%, represented children who were not read to at all. The individuals most likely to have read to the children during that week were mothers (80.4%), followed by other (non-parent) household members (30.2%), fathers (23.8%), and non-household family members (10.2%). Across the three main ethnic groups, a significant main effect was noted for differences in reading to children, *F*(2, 2623) = 124.8, $p < .0001$. Scheffe post-hoc tests indicated that White children were read to more often than either African American or Hispanic children, and that African American children were read to more often than Hispanic children. Over the Head Start year, about one half of the families (47.0%) showed no change in the number of days family members read to the children, while 24.0% showed an increase in the number of days the children were read to, and 26.5% reported a decrease in the number of days the children were read to during the week prior to the interview. Reading frequency was positively correlated with emergent literacy scores, in both fall 1997, $r = .15$; $p < .0001$, and spring 1998, $r = .17$; $p < .0001$, but increases in reading from fall to spring were not correlated with improvements in emergent literacy scores.

6.3 Fathers' Involvement with Their Children

Within Head Start's mission to emphasize the roles of parents in the lives of their children, increased attention has been given to the role of fathers, including those who do not live in the home with their children. In the fall 1997 interview, 5.1% of the respondents were identified as fathers. A set of questions was added to the interview to gain additional information about those fathers who were not living with their children.

Descriptive Information on Fathers

At the time of the baseline data collection[10], fathers were reported to live in 44.2% of the households. Among the fathers who did not live in the home with their Head Start children, 46.2% contributed to the financial support of their children, and 55.4% lived within a one-hour drive of their children. Differences across the ethnic groups were striking in terms of whether fathers were present in the home. African American children were 2.8 times more likely than White children to live without a father in their home (*OR* = 2.79; 95% *CI* = 2.30, 3.38), while Hispanic children were one third less likely than the White children to have a non-household father (*OR* = .65; 95% *CI* = 0.53, 0.80).

The fall 1997 baseline data indicated that 75.8% of the household fathers were employed, 3.4% were in prison, and 0.5% in the military. Almost two fifths had less than a high school diploma (37.6%), 31.1% had a diploma or GED, and 18.1% had attended college or received a degree. In comparison, only 55.7% of the non-household fathers were working, 6.7% were in jail or prison, 2.9% were in school or training, and 1.5% were away in the military. Over one third had not yet achieved a high school diploma or GED (34.5%), 26.0% had a diploma, and 6.3% had a GED as their highest level of education, while 13.2% had attended some college or had a college degree. The highest level of education for the non-household fathers was reported as unknown by 9.4% of the respondents and in almost one quarter of the cases (21.9%), the respondents did not know the current status of the children's non-household fathers.

Sixty percent of the children without a father in their household had someone who served as a father figure for them. Individuals who were most frequently named as father figures included non-household relatives (30.7%), the respondents' spouses or partners who lived in the household (29.8%), and spouses or partners who did not live in the household (18.6%). Almost one tenth of the children (9.7%) rarely or never saw their non-household father and had no father figure, a group that represented 5.4% of the entire sample of children. By spring 1998, this latter number was only slightly lower, at 4.7% of the overall sample.

Over the approximately six months between the fall 1997 and the spring 1998 interviews, there was little change in the proportion of fathers who lived in households with their children. Fathers who were living out of the household in fall 1997 and were living with their children at the time of the spring 1998 interview represented 5.6% of the overall sample, while 3.5% of the fathers who had been living with their children left the home during that time.

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[10] In Chapter 4, the discussion used spring 1998 data for consistency with other data being discussed in that section. The percentages presented here are from fall 1997, and may be slightly different from those in Chapter 4.

Non-household Fathers' Financial Support of and Visitation with their Head Start Children

As noted above, at the time of the baseline data collection, over one half of the non-household fathers (55.4%) were reported to live within a one-hour drive of their children. Two fifths of the non-household fathers (39.9%) rarely or never saw their children, including 24.4% of those who lived within one hour of their children. In contrast, 26.4% of the non-household fathers saw their children several times a week or every day. Less than one half of the non-household fathers (46.2%) were reported to have contributed to the financial support of their children, a figure that included only 37.5% of those fathers who lived within one hour of their children, over the same time.

Overall changes in financial support and contact were minimal from fall 1997 to spring 1998. While 3.4% of the non-household fathers began giving their children financial support between fall 1997 and spring 1998, 4.0% of the non-household fathers stopped contributing during the same time period. The proportion of non-household fathers who increased the frequency with which they saw their children between fall and spring was 8.4%. However, an almost equal proportion of fathers (8.7%) decreased the frequency with which they saw their children.

Fathers and Activity with Their Children

As noted in Section 6.1, increased family activity with the children was related to several positive outcomes for children. While the earlier section focused on overall family activity, this also was true for activities with fathers, even in cases where they did not live with their children. In order to look at the effect of fathers on activities with children relative to other family members, fathers were categorized according to their availability to their children. Three categories were used: 1) fathers living in the homes, 2) non-household fathers who were more available (they saw their children a few times a month or more), and 3) non-household fathers who were less available (they saw their children several times a year or less).

An ANOVA found no differences in overall total activities, weekly activities, or monthly activities based on the availability of the fathers, but, as might be anticipated, clear differences were noted across the categories on activities with the children involving fathers. Significant main effects were found for availability on fathers' total activities, $F(2,2915) = 381.2$, $p < .0001$, fathers' weekly activities, $F(2,2915) = 309.5$, $p < .0001$, and fathers' monthly activities with their children, $F(2, 2915) = 207.0$; $p < .0001$. As expected, for each type of activity, the post-hoc comparisons showed that in-home fathers had significantly higher levels of activity with their children than either category of non-household fathers, while the non-household fathers who were more available to their children were more active with their children than the non-household fathers who were less available to their children.

A series of analyses indicated that other family members' activities with the children varied by the fathers' availability, perhaps to compensate for non-household fathers. The total and weekly activities with children attributed to mothers also had significant main effects across the categories of fathers' availability. For mothers, total activities, $F(2, 2915) = 11.4$; $p < .0001$, and weekly activities, $F(2, 2915) = 15.5$; $p < .0001$, with their children were higher when fathers were not in the household than when fathers lived at home, regardless of how available fathers were to the children. A main effect for fathers' availability was significant, $F(2, 2915) = 5.3$; $p < .0001$, for weekly activities involving other household members. Where the children's fathers were less available, the other household members engaged in significantly more weekly activities with the children than in families where the fathers lived in the homes.

In terms of the effect of fathers' availability on activities attributed to non-household family members, significant main effects were found for all three types of activities: total activities, $F(2, 2915) = 33.9$; $p < .0001$; weekly activities, $F(2,2915) = 23.6$; $p < .0001$, and monthly activities, $F(2, 2915) = 25.4$; $p < .0001$. Again, post-hoc tests showed the same pattern of findings. Regardless of how available the non-household fathers were, non-household family members were more involved in activities with the children when fathers were out of the home than when fathers resided in the home with the children.

Exhibit 6-3 shows that fathers' activities with their children were significantly correlated with the corresponding activities for the mothers, particularly in the case of the monthly activities. Correlations were generally higher for the monthly activities, a finding particularly evident among the correlations of fathers' activity with activity scores for other household members and non-household members. This is not surprising since the monthly activities were generally group-oriented activities that multiple family members might engage in together.

Exhibit 6-3

Correlations of Fathers' Activity With their Children with Child-Oriented Activity for Mothers, Other Household Members and Non-Household Family Members, by Availability of Fathers

Availability of Fathers	Activity with Mother	Activity with other Household Members	Activity with Non-Household Members
Total Activity			
Household fathers	.19***	.12***	.07*
Non-household fathers: See children a few times a month or more	.27***	.20***	.31***
Non-household fathers: See children a few times a year or less	.16***	n.s.	n.s.
Weekly Activity			
Household fathers	.08**	n.s.	n.s.
Non-household fathers: See children a few times a month or more	.17***	n.s.	.25***
Non-household fathers: See children a few times a year or less	.16***	n.s.	n.s.
Monthly Activity			
Household fathers	.58***	.48***	.15***
Non-household fathers: See children a few times a month or more	.45***	.43***	.35***
Non-household fathers: See children a few times a year or less	.24***	.18***	n.s.

***$p < .0001$; **$p < .01$; *$p < .05$

Fathers and Their Effect on Children and Families

Fathers, whether or not they were present in the home, had a significant effect on the ability of families to access resources, like household income, community services, and social support, all of which may be necessary to foster a proper developmental environment for children.

As expected, non-household fathers who saw their children only several times a year or less ("less available") provided significantly less child-rearing support to the mothers than did non-household fathers who saw their children at least a few times a month ("more available"), $t(952) = 25.82$; $p < .0001$. Differences in fathers' child-rearing support were noted based on the gender of the children. It was noted that non-household fathers had higher ratings of support when the Head Start children were boys, regardless of whether they were in the less available category, *t*(961) = 2.46; *p* = .0140, or the more available category, *t*(408) = 2.35; *p* = .0194.

However, in two of the three categories of availability, fathers' support for child rearing was correlated with fathers' activities with children as well as a number of child-related characteristics. Exhibit 6-4 shows that support for child rearing was significantly and positively correlated with the amount of activities the fathers engaged in with their children. In this case, non-household fathers who were more available to their children were more like the household fathers than like the less-available non-household fathers.

Exhibit 6-4

Correlations of Fathers' Support for Child Rearing with Their Child-oriented Activity, by Availability of Fathers

Support for Child Rearing from	Fathers' Activity with Children - Total	Fathers' Activity with Children - Past Week	Fathers' Activity with Children – Past Month
Household fathers	.19*	.17*	.14*
Non-household fathers: See children a few times a month or more	.20*	.17*	.18*
Non-household fathers: See children a few times a year or less	n.s.	n.s.	n.s.

*$p \leq .0001$

Fathers' support for child rearing also was related to reported improvements in child behavior and academic skills. The findings in Exhibit 6-5 indicate that child-rearing support from household fathers was positively correlated with positive social behaviors in children and negatively related to overall problem behaviors, including the three problem behavior subscales indicating aggressive, hyperactive, or withdrawn behavior. Support for child rearing from non-household fathers who were more available was positively correlated with emergent literacy and negatively correlated with overall problem behavior and aggressive behavior. Even among non-household fathers who were less available to interact with their children, the more helpful they were to mothers in raising their children, the more mothers rated their children as having positive social behaviors and the less they reported aggressive and hyperactive behaviors.

Exhibit 6-5

Correlations of Fathers' Support for Child Rearing with Parental Ratings of Children, by Availability of Fathers

Support for Child Rearing from	Emergent Literacy	Child Positive Social Behaviors	Child Problem Behaviors	Child Aggressive Behavior	Child Withdrawn Behavior	Chil Hypera Behav
Household fathers	n.s.	.10***	-.13****	-.09**	-.13***	-.08*
Non-household fathers: See children a few times a month or more	.11*	n.s.	-.12*	-.22****	n.s.	n.s.
Non-household fathers: See children a few times a year or less	n.s.	.13****	n.s.	-.09**	n.s.	-.08

****$p < .0001$; *** $p < .001$; **$p < .01$; *$p < .05$

Discipline was another area affected by the presence of a father in the household. Both forms of discipline that were addressed in the parent interview, time outs and spanking, were more likely to occur when fathers were not present in the homes. Children who were reported to have been given a time out in the week prior to the parent interview were 1.2 times more likely than children who did not receive a time out to have a father who did not live in their home (*OR* = 1.19; 95% *CI* = 1.02, 1.39). Similarly, children who were spanked during the week prior to the interview were 1.2 times more likely to not have their father living with them than children who were not spanked (*OR* = 1.23; 95% *CI* = 1.15, 1.49).

In terms of family resources, the presence of fathers in the home had a significant impact. Families who were reported to receive TANF were 4.2 times more likely to have the father living out of the household than families not receiving TANF (*OR* = 4.19; 95% *CI* = 3.51, 5.02). The need for and use of family services also decreased for families in which fathers resided. Comparing families' need for and use of services across the three categories of father availability, significant main effects were noted. In comparing the number of services needed, $F(2, 2915) = 78.1$; $p < .0001$, the post-hoc tests indicated that families with less available, non-household fathers had the greatest need for services, and that families with more available non-household fathers needed more services than families with a resident father. Comparisons on the number of services received revealed a significant main effect for availability, $F(2, 2841) = 99.5$; $p < .0001$, and the identical pattern among the post-hoc tests.

However, regardless of the number of services needed or received, there was a relationship between the number of services and the support fathers provided for child rearing. As shown in Exhibit

6-6, when fathers were in the home, there was a significant, negative correlation between the levels of child-rearing support fathers offered with both the number of services the families needed and the number of services they received. This relationship was even stronger for families with non-household fathers who made themselves available, but it was non-existent for families with fathers who were less available for their children.

Exhibit 6-6
Correlations of Fathers' Support for Child Rearing with Need and Use of Family Services, by Availability of Fathers

Support for Child Rearing from	Number of Family Services Needed	Number of Family Services Received
Household fathers	$-.10^{*}$	$-.10^{*}$
Non-household fathers: See children a few times a month or more	-20^{**}	$-.17^{*}$
Non-household fathers: See children a few times a year or less	n.s.	n.s.

$^{**}p \leq .0001$; $^{*}p \leq .001$

An additional link was noted between the presence of fathers in the household and parental depression. Compared with non-depressed mothers, mildly depressed mothers were 1.4 times more likely not to live with the children's fathers (*OR* = 1.44; 95% *CI* = 1.21, 1.72), moderately depressed mothers were 1.7 times more likely (*OR* = 1.75; 95% *CI* = 1.40, 2.18), and severely depressed mothers were almost 2.5 times more likely to live in a household without the children's fathers (*OR* = 2.45; 95% *CI* = 1.92, 3.13).

Fathers and Exposure to Violence

The presence of a father in the home appears to be an important factor in assessing and understanding the current status and previous history of a child and family with regards to their exposure to violence, both in the neighborhood and in the home. Children who were witnesses to violent crime or domestic violence were 2.5 times more likely to have non-household fathers than children who were not reported to have witnessed violent crime or domestic violence (*OR* = 2.46; 95% *CI* = 2.00, 3.03). As well, children who were reported to have been victims of violent crime or abuse were 3.6 times more likely than children who were non-victims to have their fathers living out of the household (*OR* = 3.65; 95% *CI* = 2.11, 6.30). Of the children who were reported to have been victims of violent crime or domestic violence, 83.8% lived in homes without fathers present. Finally, children who lived in households with someone who had been arrested or charged with a crime or had biological fathers who had been arrested or charged with a crime were 3.0 times more likely than children in other households to have fathers who did not live in their homes (*OR* = 3.09; 95% *CI* = 2.56, 3.75).

6.4 Changes Within the Households

To further the understanding of how Head Start families were affected by their environments, changes in household structures were investigated. The parent interview assessed changes in the composition of each household from fall 1997 to spring 1998. At each interview point, respondents were asked to report how each individual currently living in the household was related to the Head Start child. Changes in the presence of each designated relationship were assessed across time. While the numbers presented here indicate that household changes occurred for many children, these numbers are conservative estimates of change. For example, in cases where a person coded as a female non-relative left the household and was replaced by another female non-relative, no change would have been noted in that category for that household, even though there was a different person in the household.

Based on respondents' reports across both years, household changes were noted in 40.8% of the households, including 10.1% that had 3 or more reported changes. New household members were reported for 30.7% of the homes, while 26.2% of the households had someone leave during the Head Start year. In 2.5% of the households, three or more individuals entered, and 2.2% of the households had three or more individuals exit between the baseline interview and spring 1998. Overall, as seen in Exhibit 6-7, changes occurred for almost one half (46%) of the households with African American children, while 42.7% of the households with Hispanic children and 34.0% of the households with White children had changes.

Although any changes in household structure may have consequences for the children or family, it was expected that changes among certain adult household members would have additional effects because they likely had prominent roles within their households. To investigate this notion further, two categories of 'key' adult family members were constructed to include individuals who may have been important contributors to either the emotional or the financial resources of their households, or both. These include, for 'key adult males,' fathers, stepfathers, foster fathers, grandfathers, or male spouses or partners of the mother. Similarly, the category of 'key adult females' included mothers, stepmothers, foster mothers, grandmothers, or female spouses or partners of the fathers. Changes involving these key males affected 18.7% of the households, while only 8.0% of the households experienced a similar change involving key females. Exhibit 6-7 shows the proportion of households that experienced such changes. Across each of the primary ethnic groups, the pattern held for key males effecting structural changes in about twice as many households as key females.

Exhibit 6-7
A Summary of Household Changes Involving Categories of Key Adult Males and Females, by Ethnicity

Household Changes	Weighted Percentages			
	All (*n* = 2,543)	African American (*n* = 933)	White (*n* = 698)	Hispanic (*n* =635)
Key Males				
Into the household	8.6	8.7	6.4	11.2
Out of the household	5.2	7.3	4.4	4.6
In & out of the household	5.0	3.6	6.3	5.1
No change	81.3	80.4	82.9	79.1
Key Females				
Into the household	3.0	3.1	2.6	3.1
Out of the household	4.4	5.0	3.9	4.8
In & out of the household	0.7	1.4	0.5	0.3
No change	92.0	90.5	93.1	91.8
Households with any change	40.8	46.0	34.0	42.7

For families having key males enter their households, there were significant increases in total activities with children, $t(144) = 3.82$; $p = .0002$, and in the children's emergent literacy, $t(189) = 11.15$; $p < .0001$, as well as significant increases in the monthly household incomes, $t(183) = 4.84$; $p < .0001$. No effects were found for changes in child behavior, parental depression, or support for child rearing. When key males left the household, the noted changes were significant increases in both reports of children's aggressive behavior, $t(146) = 2.36$; $p = .0195$, and emergent literacy, $t(14) = 8.86$; $p < .0001$. In addition, there were significant decreases in monthly household incomes $t(140) = -4.43$; $p < .0001$.

When key females entered the household, significant increases were reported in both children's aggressive behavior, $t(74) = 2.66$; $p = .0095$, and emergent literacy, $t(75) = 4.72$; $p < .0001$. Monthly household incomes also increased, but not significantly. Increases in weekly family activity with the Head Start children, $t(84) = 2.01$; $p = .0472$, and in the children's emergent literacy, $t(109) = 7.53$; $p <$

.0001, were evident in homes where key females left during the year. Again, changes in other variables, including corresponding decreases in monthly household incomes, were not significant.

6.5 Summary

Chapter 6 presents findings related to how family members interact with the Head Start children and how the involvement of family members may relate to selected characteristics of the children and the families. The key findings from this chapter are summarized below.

Family and Child Activities

- African American children were involved in more activities with family members than either White or Hispanic children, and White children had more family activity than Hispanic children. For the weekly activities, African American and White children had more involvement than Hispanic children, and for the monthly activities, African American children had more activity than either the White or Hispanic children.

- Children who were living in households where a grandparent was present had more total and monthly activities. The presence of a grandparent increased the amount of activities with children by non-parental household members.

- Family activities had significant positive correlations with the positive child behaviors and emergent literacy, but all three types of activities were negatively correlated with overall problem behavior as well as with aggressive and hyperactive behavior.

- Families' use of child-oriented rules in the home and reported social support for child rearing were both positively correlated with activities. The only family characteristic found to have a negative relationship with activity was parent depression.

- Increases in activities with children were noted for almost one half of the families, while 16.2% of the families had no reported change in the number of activities, and almost two fifths of the families had a decrease in the reported number of activities with children.

- Almost two fifths of the children were read to every day, while 28.5% were read to three or more times and slightly over one quarter were read to once or twice during the week prior to the interview. Less than 10% of the children were not read to at all. Over the Head Start year, about one half of the families showed no change in the number of days family members read to the children, approximately one quarter showed an increase in the number of days the children were read to, and slightly more than one fourth reported a decrease in the number of days the children were read to during the week prior to the interview.

Fathers' Involvement with Their Children

- Fathers were reported to live in 44.2% of the households. Among the non-household fathers, 46.2% contributed to the financial support of their children, and 55.4% lived within a one-hour drive of their children. African American children were 2.8 times more likely than White children to live without a father in their household while Hispanic children were one third less likely than the White children to have non-household fathers.

- Sixty percent of the children without fathers in their household had someone who served as a father figure for them, most often non-household relatives or the respondents' spouses or partners who lived in the household. Almost one tenth of the children rarely or never saw their non-household fathers and had no father figures, a group that represented 5.4% of the entire sample of children.

- Two fifths of the non-household fathers rarely or never saw their children, including one fourth of those who lived within one hour of their children. In contrast, over one fourth of the non-household fathers saw their children several times a week or every day. Less than one half of the non-household fathers were reported to have contributed to the financial support of their children.

- In-home fathers were significantly more active with their children than either category of non-household fathers, while the non-household fathers who were more available to their children were more active with their children than the non-household fathers who were less available to their children.

- Mothers' total and weekly activities with their children were higher when fathers were not in the household than when fathers lived at home, regardless of how available fathers were to the children. In cases where the children's fathers were less available, the other household members were significantly more active with the children than in families where the fathers lived in the homes. Regardless of how available the non-household fathers were, non-household family members were more involved in activities with children than non-household family members were when fathers resided in the home with the children.

- As expected, non-household fathers who saw their children several times a year or less provided significantly less child-rearing support to the mothers than did non-household fathers who saw their children at least a few times a month. It was noted that non-household fathers had higher ratings of support when the Head Start children were boys, regardless of whether they were in the less available category or the more available category.

- Support for child rearing was significantly and positively correlated with the number of activities the fathers engaged in with their children. Both forms of discipline that were addressed in the parent interview, time outs and spanking, were more likely to occur when fathers were not present in the homes.

- Families who were reported to receive TANF were four times more likely to have the fathers living out of the households than families not receiving TANF. Families with non-household fathers had the greatest need for and use of community services. There was a significant, negative correlation between the levels of child-rearing support fathers offered with both the number of services the families needed and the number of services they received.

- Children who were witnesses to violent crime or domestic violence were two and one half times more likely to have non-household fathers, while children who were reported to have been victims of violent crime or abuse were over three and one half times more likely than children who were non-victims to have their fathers living out of their households.

Changes within the Households

- Household changes were noted in two fifths of the households from fall to spring, including 10.1% that had 3 or more reported changes. New household members were reported for almost one third of the homes, while slightly more than one fourth of the households had someone leave during the Head Start year. In 2.5% of the households, three or more individuals entered, and 2.2% of the households had three or more individuals exit between the baseline interview and spring 1998. Overall, changes occurred for almost one half of the households with African American children, while two fifths of the households with Hispanic children and one third of the households with White children had changes.

- Changes involving key males affected slightly less than one fifth of the households, while only 8.0% of the households experienced a similar change involving key females.

- For families having key males enter their households, there were significant increases in total activities with children, in the children's emergent literacy, and in monthly household incomes. When key males left the household, the noted changes were significant increases in both aggressive behaviors and emergent literacy, and significant decreases in monthly household incomes.

- When key females entered the households, significant increases were reported in aggressive behaviors and emergent literacy. Monthly household incomes also increased, but not significantly. Increases in weekly family activities with the Head Start children, and in the children's emergent literacy, were evident in homes where key females left during the year.

7.0 Families' Experiences with Head Start

7.1 Overview

This chapter presents findings regarding the children's Head Start attendance and their parents' history, involvement, and satisfaction with the Head Start program.

7.2 The Children's Involvement with Head Start

On average, parents reported that their children attended Head Start for slightly over five hours per day ($M = 5.1$ hours; $SD = 5.2$; $Mdn = 4.0$ hours) and 4.5 days per week ($SD = 1.7$; $Mdn = 5.0$ days). The number of days per week that children attended Head Start class did not vary by region of the country or by whether the programs were located in urban or rural areas. However, the length of the Head Start day was significantly longer for children who lived in the South than for children who attended Head Start programs in the Northeast, the West, or the Midwest, $F(3, 2524) = 40.0$; $p < .0001$.

Close to one half of the children (44.8%) arrived at school each day on a Head Start bus, 42.1% arrived by personal transportation, and 15.7% walked to school. Only 2.2% of the families brought their children to school on public transportation. How children arrived at school varied by the urbanicity of the programs. Almost three fourths of the children who lived in rural areas (70.0%) rode to school on a Head Start school bus, while only one third of children who attended urban Head Start programs did (32.2%). On average, it took children 16 minutes to travel from home to their Head Start centers ($SD= 13.6$; $Mdn =$ 10.0 minutes), regardless of the means of transportation. As expected, it took children who lived in rural areas significantly longer to travel to their Head Start centers ($M = 17.9$ minutes, $SD = 10.2$) than children who lived in urban locations ($M = 15.1$ minutes; $SD = 9.4$), $t(2524) = 5.25$; $p < .0001$.

Exhibit 7-1 displays the number of days that parents reported their children were absent from Head Start class during the 1997–1998 school year. One half of the children were absent between 1-5 days over the year (50.6%) and one fifth was absent more than 10 days (20.1%). The number of days absent did not vary significantly by gender; however, the proportion of White children (29.1%) who missed more than 10 days of school was almost twice as high as the proportions of African American children (14.9%) and Hispanic children (15.1%). Children who were absent more than 10 days per school year had parents who were more depressed, $t(2664) = -3.43$; $p = .0006$, who were less satisfied with Head Start, $t(2667) = 4.12$; $p < .0001$, and who had fewer positive feelings regarding their families' Head Start experiences, $t(2667) = 4.47$; $p < .0001$, compared to children with fewer absences. The children with 10 or more absences had significantly higher reports of overall problem behavior, $t(2642) = -2.37$; $p = .02$, as well as aggression, $t(2663) = -2.34$; $p = .02$, and hyperactive, $t(2663) = -2.22$; $p = .03$, behaviors. The most frequent reason children were absent was personal illness (82.5%). Small percentages of parents reported lack of transportation (5.1%), parental work or school conflicts (3.5%), or family illnesses (2.4%) as reasons for their children's absences.

Exhibit 7-1

Number of Days Absent Over the 1997-1998 Head Start School Year

	Weighted Percentages					
	All	Gender		Ethnicity		
	(*N* = 2,688)	(*n* = 1,367)	(*n* = 1,320)	(*n* = 989)	(*n* = 649)	(*n* = 721)
Days Absent		Boys	Girls	African American	Hispanic	White
Never	7.3	8.3	6.2	7.6	7.7	7.5
1-5 days	50.6	51.1	49.9	51.6	56.2	45.6
6-10 days	21.4	18.9	24.2	25.3	19.5	17.7
10 or more days	20.1	21.1	19.1	14.9	15.1	29.1

7.3 Parents' Involvement with Head Start

Slightly more than one half of the parents (51.5%) had experience with Head Start before enrolling their current children in the program, including having other children who attended. One fifth of the parents (22.2%) attended Head Start themselves. Two fifths of the parents (40.5%) reported that they first heard about the program from another family member or a friend, 27.9% said they knew of the program through prior experience, 11.4% were referred, 8.6% heard about the program by word-of-mouth, or saw a flyer (7.8%), and 2.1% indicated that Head Start staff recruited them through visits at their homes.[1]

Participation

In the spring of 1998, parents were asked about the ways that they were involved in the Head Start program throughout the past school year. Exhibit 7-2 shows that most parents were very active. Parents most frequently reported participating in home visits[2] with Head Start staff members (82.9%), parent-teacher conferences (81.6%), and observing in their children's classrooms for at least 30 minutes (77.4%). Approximately two thirds of the parents volunteered in their children's classrooms (68.8%) and prepared food or materials for special events (66.1%). Over one half of the parents helped with fundraising activities (60.0%), attended Head Start social events (55.5%) and workshops (54.8%), and assisted with field trips (50.9%).

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[1] For additional information on recruiting, see report entitled "*Reaching Out to Families: Head Start Recruitment and Enrollment Practices*, 2000.

Exhibit 7-2
Type and Frequency of Participation at Head Start by Parents

	Weighted Percentages		
	Not Yet	1-2 Times	3 or More Times
Volunteered in classroom	31.1	27.2	41.6
Observed classroom for 30 minutes or more	22.6	35.3	42.1
Prepared food or materials	33.9	31.6	34.5
Helped with field trips	49.0	27.0	23.9
Attended Head Start social events	44.4	32.4	23.1
Attended workshops	45.2	27.4	27.4
Attended parent-teacher conferences	18.4	38.4	43.2
Had Head Start staff visit at home	16.9	51.3	31.6
Participated in Policy Council	64.0	21.0	15.0
Called another Head Start parent	69.2	17.4	13.4
Prepared newsletters, fliers, etc.	77.3	13.1	9.7
Participated in fundraising	40.0	34.2	25.8

Unweighted *N* = 2,688.

Relationships between Involvement with Head Start and Family and Child Factors

A summary score measuring total involvement[3] was created for each parent who responded to the questionnaire. A series of zero-order correlations were conducted to examine the relationship between involvement at Head Start and other family factors, as reported during the spring 1998 parent interview. Parents who were more involved at Head Start also participated in more weekly ($r = .19$; $p < .0001$), monthly ($r = .29$; $p < .0001$), and total activities ($r = .29$; $p < .0001$) with their children. Head Start involvement was related to child behavior outcomes as well. Small, but significant negative correlations were found between involvement at Head Start and parents' reports of child problem behaviors ($r = -.04$; $p = .02$), including aggressive ($r = -.07$; $p < .001$) and hyperactive ($r = -.04$; $p = .04$) behaviors. A small

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[2] Head Start teachers are required to make at least two visits to the homes of children enrolled in center-based programs in accordance with the requirements of 45 CFR 1306.32(b)(8).

[3] Summary parent involvement score is based on respondents' reports of how frequently (not yet, 1-2 times, 3 or more times) they participated in each of the 12 activities displayed in Exhibit 7-2, over the past school year. Summary score ranges from 12 to 36, with higher scores representing more involvement, $M = 22.1$; $SD = 5.2$; $Mdn = 21.0$.

positive correlation between involvement at Head Start and children's positive social behaviors ($r = .08$; $p < .0001$) was also noted.

The amount of parent involvement at Head Start varied by ethnicity and, not surprisingly, by employment status. Parents of White children reported more involvement at Head Start than both parents of African American and parents of Hispanic children, $F(5, 2519) = 9.21$; $p < .0001$, while parents who worked were less involved in the program, $t(2541) = 5.34$; $p < .0001$. Interestingly, parents were more involved if they had prior exposure to the program through the enrollment of another child or grandchild, $t(2541) = 2.17$; $p = .03$.

A series of multivariate linear regression models were run to further investigate the role of parent involvement at Head Start. These models tested whether or not involvement at Head Start (independent variable) predicted parental depression, locus of control, activities with children, child behavior, emergent literacy, household rules and safety, and household income (dependent variables) in spring 1998 (T2), after controlling for the baseline level of each dependent variable at fall 1997 (T1). The findings are presented in Exhibit 7-3.

Exhibit 7-3
Parental Involvement in Head Start Predicting Child and Family Outcomes

Criterion Predictor	Beta	SE	Partial R^2	*p*-value
Parental Depression (T2)				
Parental depression (T1)	0.5556	0.0181	0.2776	< .0001
Involvement (T2)	-0.0307	0.0229	0.0005	NS
Locus of Control (T2)				
Locus of control (T1)	0.6126	0.0170	0.3471	< .0001
Involvement (T2)	0.0254	0.0108	0.0015	.0188
Weekly Activities with Child (T2)				
Weekly activities with child (T1)	0.3821	0.0218	0.1500	< .0001
Involvement (T2)	0.0375	0.0064	0.0151	< .0001
Monthly Activities with Child (T2)				
Monthly activities with child (T1)	0.4514	0.0190	0.2168	< .0001
Involvement (T2)	0.0591	0.0052	0.0399	< .0001
Total Activities with Child (T2)				
Total activities with child (T1)	0.4516	0.0212	0.2195	< .0001
Involvement (T2)	0.0933	0.0094	0.0382	< .0001

Criterion Predictor	Beta	SE	Partial R^2	*p*-value
Child Positive Social Skills (T2)				
Child positive social skills (T1)	0.4469	0.0177	0.2116	< .0001
Involvement (T2)	0.0164	0.0060	0.0024	.0065
Behavior Problem Index (T2)				
Behavior Problem Index (T1)	0.6064	0.0159	0.3779	< .0001
Involvement (T2)	-0.0174	0.0108	0.0007	NS
Aggressive Behavior (T2)				
Aggressive behavior (T1)	0.5442	0.0154	0.3114	< .0001
Involvement (T2)	-0.0153	0.0053	0.0023	.0044
Hyperactive Behavior (T2)				
Hyperactive behavior (T1)	0.5216	0.0167	0.2848	< .0001
Involvement (T2)	-0.0056	0.0047	0.0004	NS
Household Rules (T2)				
Household rules (T1)	0.4704	0.0177	0.2382	.0001
Involvement (T2)	0.0149	0.0039	0.0047	< .0001
Emergent Literacy (T2)				
Emergent literacy (T1)	0.6478	0.0161	0.4065	< .0001
Involvement (T2)	0.0157	0.0046	0.0028	.0007
Household Income (T2)				
Household income (T1)	0.6337	0.0173	0.3612	< .0001
Involvement (T2)	3.0227	2.5921	0.0004	NS

Unweighted *N* = 2,688.

Even after controlling for each outcome at baseline, parent involvement at Head Start was a significant predictor of increased parental weekly, monthly, and total activities with children, as well as a significant predictor of increased positive social behavior and decreased aggressive behavior among the children. Parent involvement at Head Start also predicted increased children's emergent literacy, the use of more household rules, and a more internal locus of control for parents. Involvement at Head Start did not significantly predict parental depression, monthly household income, or hyperactive behavior among the children.

High, Moderate, and Low Parent Involvement

In order to further examine the effects of participation at Head Start, a categorical involvement variable was created that classified parent involvement as low, moderate, or high.[4] One-way analyses of variance were used to test for overall differences in means between the low, moderate, and high involvement groups of parents on various family and child outcomes. Post-hoc Scheffee tests ($ps < .05$) identified individual differences between each group. Significant main effects for involvement were noted for a number of child and family descriptors.

For the three overall child-oriented activity ratings, significant main effects were noted for involvement on total activities, $F(2, 2363) = 82.84$; $p < .0001$, weekly activities, $F(2, 2362) = 31.38$; $p < .0001$, and monthly activities $F(2, 2686) = 101.39$; $p < .0001$). In each case, parents with high involvement at Head Start reported more child-oriented activities than parents with moderate or low program involvement, and parents with moderate involvement reported more activities with their children than parents who were in the low-involvement category.

For child outcomes, significant main effects were found for parent involvement on positive social behavior, $F(2, 2673) = 9.44$; $p < .0001$, and emergent literacy, $F(2, 2542) = 18.18$; $p < .0001$. Post-hoc comparisons again showed that parents with high involvement rated their children higher on positive social behavior and emergent literacy than did the two categories of parents with less involvement. While there was also a significant main effect on the aggression subscale, $F(2, 2682) = 6.45$; $p < .0001$, the pattern was reversed in the post-hoc tests. Parents who reported low involvement with Head Start had children with higher ratings of aggression than parents who were categorized as highly involved in the program.

Among the family outcomes, significant main effects were noted for level of parent involvement on the number of household rules, $F(2, 2477) = 31.66$; $p < .0001$, and the number of household safety practices parents followed, $F(2, 2504) = 27.48$; $p < .0001$. The post-hoc comparisons showed that parents who were highly involved at Head Start used more household rules and engaged in more safety practices than parents with moderate or low involvement, while parents with moderate involvement also employed more rules than parents with lower program involvement.

In terms of the parents, significant main effects for parental involvement were noted on both locus of control, $F(2, 2683) = 3.76$; $p = .02$, and satisfaction with the Head Start program, $F(2, 2686) = 14.05$; $p < .0001$. Consistent with previous patterns, parents in the high involvement category had a more internal locus of control and greater satisfaction with the program than parents in the lower involvement categories, and moderately involved parents had higher satisfaction with the program than did parents from the low involvement category. There were no significant differences on parental depression scores, monthly household incomes, or discipline methods used by parents, across the three levels of involvement with the Head Start program.

Exhibit 7-4 presents the mean change scores for family and child outcomes among parents who had high, moderate, or low involvement in Head Start during the school year. From fall 1997 to spring 1998, parents with high involvement in Head Start had a significant decrease in their depression scores, and a significant increase in their internal locus of control and social support. They significantly increased the amount of weekly, monthly, and total activities they engaged in with their children, their monthly household incomes, and their use of household rules. Their children significantly improved their emergent literacy scale scores. Parents with moderate involvement at Head Start also significantly increased their internal locus of control, their social support, their use of household rules, their household incomes, and the amounts of monthly and total activity they engaged in with their children. In addition to having a significant increase in their emergent literacy scores, their children also showed significant gains in positive social behavior. Parents with low involvement also had significant increases in their internal locus of control and social support, their household incomes, and use of household rules. However, they reported no increases in the amount of activity with their children, no increases in their children's positive social behavior, and no decreases in their children's problem behavior. As with all of the other parents, their children significantly increased their emergent literacy scores from fall 1997 to spring 1998.

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[4] Low, moderate, and high categories were determined based on the distribution of responses in the summary parent involvement score (range 12-36). Low involvement = 1st quartile (score of 12-18; $n = 760$); moderate involvement = 2nd and 3rd quartiles (score of 19-25; $n = 1,249$); high involvement = 4th quartile (score 26-36; $n = 679$).

Exhibit 7-4
Mean Change Scores by High, Moderate, and Low Involvement Groups, 1997-1998

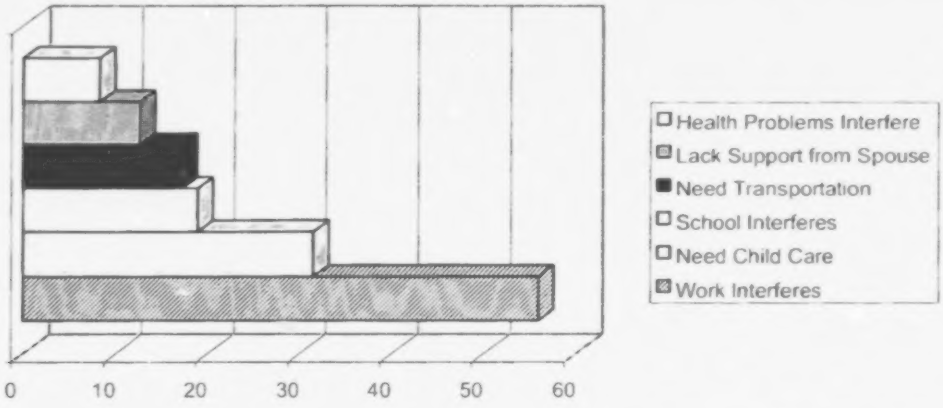
Change in ...	High Involvement (*n* = 679)			Moderate Involvement (*n* = 1,249)			Low Involvement (*n* = 760)		
	M	SE	Sig	M	SE	Sig	M	SE	Si
Parental depression	-0.65	0.26	*	-0.10	0.19	ns	-0.26	0.26	n
Social support	0.76	0.15	***	0.51	0.11	***	0.56	0.14	**
Locus of control	0.69	0.12	***	0.48	0.09	***	0.45	0.12	*
Weekly activities with children	0.20	0.07	**	0.10	0.06	ns	0.04	0.08	n
Monthly activities with children	0.45	0.06	***	0.15	0.04	***	0.07	0.05	n
Total activities with children	0.68	0.11	***	0.24	0.08	**	0.08	0.12	n
Positive social behavior	0.12	0.06	ns	0.12	0.05	*	0.11	0.08	n
Problem behavior index	-0.17	0.16	ns	-0.18	0.09	ns	0.04	0.12	n
Aggressive behavior	-0.11	0.06	ns	-0.08	0.05	ns	0.05	0.06	n
Hyperactive behavior	-0.09	0.05	ns	-0.07	0.04	ns	-0.07	0.06	n
Withdrawn behavior	0.04	0.06	ns	-0.02	0.05	ns	0.04	0.06	n
Emergent literacy	1.02	0.05	***	0.98	0.04	ns	0.95	0.05	*
Household rules	0.16	0.05	**	0.19	0.03	***	0.13	0.05	*
Household income	110.7	29.0	**	97.3	22.5	***	102.6	25.9	*

* < .05, ** < .01, *** < .001

Barriers to Participation

In the spring of 1998, parents were asked if there were particular barriers that prevented them from participating as much as they would have liked in activities at their children's Head Start center. Exhibit 7-5 displays the top six barriers to participation mentioned by the parents. Work commitments (55.9%), need for child care (31.5%), and school schedules (18.9%) were the most frequently mentioned barriers to participation that parents faced. The following barriers were mentioned by less than five percent of the parents: not knowing others at Head Start (4.6%), having had previous bad experiences at the program (3.5%), feeling uncomfortable at Head Start (3.1%), language or cultural differences (3.2%), concern for safety (2.7%), lack of opportunity to participate (4.3%), or a perception that the teacher was not comfortable having parents in the classroom (1.6%).

Exhibit 7-5
Top Six Barriers to Participation at Head Start as Reported by Parents



Reported barriers were significant predictors of the amount of involvement parents had with the program. Parents who said that their work schedules interfered with their ability to participate reported less involvement in Head Start than parents who did not mention work schedules as a barrier, $t(2538) = 11.57; p > .0001$. There was also less involvement among parents who mentioned transportation as a barrier, $t(2538) = 4.00; p < .0001$, as well as the need for child care, $t(2537) = 6.61; p < .0001$. However, those parents who reported their school schedules, health concerns, or lack of support from spouses or partners as barriers were not significantly less involved than parents who did not report these as barriers.

7.4 Perceptions of Head Start

Parents were asked to comment on their expectations for the Head Start school year, as well as their families' experiences at the program. The following sections present parents' expectations of the program, perceptions of their experiences, and ways that Head Start has helped their families and children.

Expectations

In the fall of 1997, parents were asked to identify the major ways they felt Head Start could help their children and their families during the upcoming school year. They were asked the following two questions. Responses were post-coded into categories (See Exhibit 7-6).

- What are the major ways you feel Head Start could help your child this year?
- What are the major ways you think Head Start could help your family this year?

During the spring 1998 interviews, parents were asked to think back on their children's year in Head Start, and report the ways that the program had helped their children and their families. The following two questions were asked. Responses were post-coded into categories (See Exhibit 7-6).

- Thinking back over your child's last year in Head Start, what are the major ways Head Start has helped your child?
- What are the major ways Head Start has helped your family? Did they help your family in any other areas besides educating your child?

Responses to both sets of questions are summarized in Exhibit 7-6.

Exhibit 7-6

Parents' Perceptions of Benefits Expected and Received from Head Start

	Weighted Percentages *N* = 2,543	
	Expectations (Fall 1997)	How HS Helped (Spring 1998)
Child Benefits		
Academic readiness	71.4	67.1
Social interactions with children	37.6	54.8
Social interactions with adults	9.6	21.5
Help with speech and language	12.2	14.6
Child health, nutrition, immunizations	3.5	8.6
Child dental services	1.1	1.1
Mental health counseling	1.5	0.4
Help for special needs	2.8	2.0
Safe haven from home or neighborhood	0.7	1.2
Child care	5.2	1.5
Child Skills		
Independence	11.8	23.2
Manners	12.9	24.0
Good habits (pick up toys, set table)	6.7	17.1

	Weighted Percentages *N* = 2,543	
	Expectations (Fall 1997)	How HS Helped (Spring 1998)
Family Health		
Health education (nutrition or fitness)	0.3	0.7
Medical services	1.4	1.0
Dental services	1.3	1.0
Mental health counseling	1.6	0.4
Referrals and or Information		
Social services	2.0	1.2
Legal aid	0.7	0.3
Public assistance	1.3	0.1
Medicaid	0.5	0.3
Employment		
Job skills	1.1	0.4
Job searching skills	0.9	0.7
Job interviewing skills	0.2	0.3
Opportunity to work	2.2	2.7
Adult Education		
Preparing for GED	2.3	1.0
Vocational or technical training	1.4	1.3
Adult education courses	1.0	0.7
English literacy skills	1.6	0.5
Finance or budgeting	0.7	0.4
Child Development Associate (CDA)	0.6	0.2
College degree	0.4	0.2
Parenting Benefits		
Communication skills	1.4	6.1
Discipline	1.1	7.2
Nutrition	1.4	2.5
Reading/education	0.3	1.9
Understanding child growth and development	7.1	11.3

	Weighted Percentages *N* = 2,543	
	Expectations (Fall 1997)	How HS Helped (Spring 1998)
Food or clothing	1.5	3.9
Holiday gifts, toys, books	1.0	3.9
Parent Social Benefits		
Make new friends	0.0	0.0
Increase self-confidence	0.5	2.5
Social or emotional support	4.1	11.5
Family contentment	5.2	8.0
Volunteer Opportunities	1.9	1.7
Housing	1.8	0.8
Transportation	2.6	2.4
Head Start Cannot Help	1.8	1.8
Do Not Know How Head Start Can Help	15.0	5.6

Respondents were permitted to give multiple responses, resulting in total percentages over 100.

As indicated in Exhibit 7-6, over two thirds of parents (71.4%) anticipated that Head Start would help prepare their children for school and almost two fifths (37.6%) expected that the program would provide social interactions with other children. Other topics mentioned included helping their children with speech and language (12.2%), manners (12.9%), and independence (11.8%). Interestingly, by the end of the school year, many parents reported that Head Start had helped their children in ways they had not expected. While slightly fewer parents (67.1%) indicated Head Start had helped their children be academically prepared than the 71.4% who expected this benefit from the program, more parents reported that their children had benefited from social interactions with other children (54.8% vs. 37.6% expected) as well as social interactions with adults (21.5% vs. 9.6% expected). Compared with what parents expected in the fall, by spring 1998, about twice as many parents reported that Head Start had helped their children with independence (23.2% vs. 11.8% expected), manners (24.0% vs. 12.9% expected), and developing good habits (17.1% vs. 6.7% expected).

Overall, parents were much less likely to expect benefits for their families from the program. When asked to identify the major ways they felt that Head Start could benefit their families, only two possible benefits were mentioned by more than five percent of the families: helping them understand their children's growth and development (7.1%) and helping them with family contentment (5.2%). Almost one fifth of parents did not know that Head Start could help their families (15.0%) or believe that it could help (1.8%). However, as was the case with expectations for how the program could help their children, by spring 1998 parents reported that Head Start had helped their families in ways they had not anticipated. Unexpected benefits included help with their communication skills (6.1% vs. 1.4% expected), discipline methods (7.2% vs. 1.1% expected), and social or emotional support (11.5% vs. 5.2% expected).

Health Behavior Learned at Head Start

In a separate set of questions focusing on the benefits of Head Start, parent and child health behaviors were targeted. During the spring 1998 interview, parents were asked about whether their children's and their own health behaviors had improved as a result of their Head Start experience. In particular, parents were asked to report about their children's tooth brushing, washing hands before meals, washing hands after using the toilet, eating nutritious and healthful foods, and exercising. Changes in parents' own health behaviors were examined in the areas of exercising more regularly, eating more nutritious or healthful foods, brushing teeth more regularly, using seat belts more regularly, and improving safety in the home. As expected, parents reported that both they and their children had health behavior improvements as a result of Head Start across the five health behavior items. The mean number of health behavior improvements for children was 4.0 ($SD = 1.4$), while the mean number of health improvements for parents was 2.2 ($SD = 2.2$).

Across the targeted behaviors, the highest proportions of parents indicated that their children had improved tooth brushing (84.6%), washing hands before meals (86.9%), and washing hands after using the toilet (84.7%), while slightly lower proportions reported that Head Start helped to improve their children's exercising (67.8%) or nutritional habits (74.1%). A smaller proportion of parents indicated Head Start helped them improve their own health behaviors. With the exception of household safety (61.1%), less than half of the parents reported health improvements across any of the areas. More specifically, 46.7% showed improvements in seat belt use, 45.3% ate more nutritiously, 39.8% brushed their teeth more regularly, and 31.1% indicated exercising more regularly.

Children's and Parents' Experiences

In the spring of 1998, parents were asked to assess their children's and their own experiences in Head Start. As illustrated in Exhibit 7-7, almost all of the parents had very positive feelings toward their children's and their own experiences with Head Start. For example, over 95% reported that their children often or always felt safe and secure at Head Start (95.7%), were happy to be in the program (96.1%), felt accepted by their teachers (97.1%), and were treated with respect (97.2%). Parents indicated that teachers often or always made them feel welcomed (96.9%), supported them as parents (95.7%), and were open to new information and learning (93.5%).

Exhibit 7-7
Parents' Perceptions of Child and Family Experiences at Head Start

	Weighted Percentages			
	Never	Sometimes	Often	Always
Child feels safe and secure in Head Start	0.1	4.2	13.6	82.0
Child gets lots of individual attention	0.3	7.6	25.4	64.5
Child's teacher is open to new information and learning	0.2	3.0	11.0	82.5
Child has been happy in the program	0.3	3.6	12.4	83.7
Teacher is warm and affectionate towards child	0.3	3.1	10.0	85.8
Child is treated with respect by teachers	0.1	1.9	6.4	90.8
Teacher takes an interest in child	0.0	2.6	9.3	87.4
Child feels accepted by the teacher	0.3	2.4	8.3	88.8
Teacher is supportive of parent	0.4	2.6	9.0	86.7
Parent feels welcomed by the teacher	0.3	2.5	6.2	90.8
Teacher handles discipline matters easily without being harsh	0.6	3.4	10.2	79.8
Teacher seems happy and content	0.6	4.0	11.6	82.5
Assistant teacher is warm and affectionate towards child	0.3	3.1	8.5	84.3

Unweighted $N = 2{,}688$.

A summary score of total experience[5] was created for each parent who responded to the questionnaire. There were no significant differences in this rating of Head Start experience by ethnicity, urbanicity, region, prior experience with the program, or length of the Head Start day.

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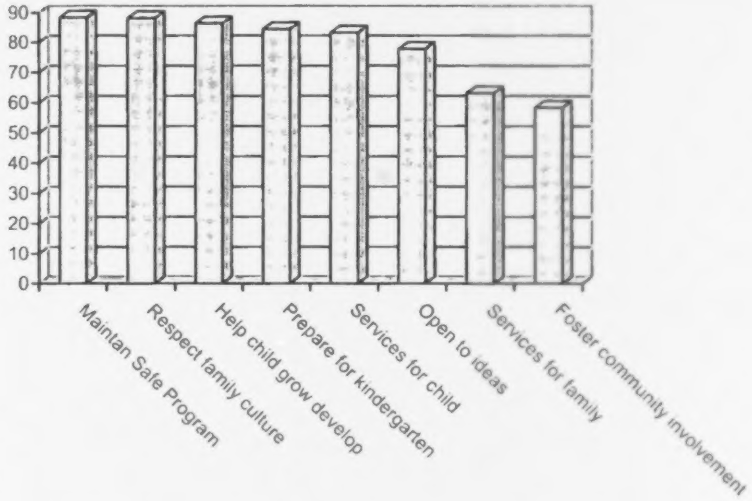
[5] Summary experience score is based on respondents' reports of how frequently (never, sometimes, often, or always) they felt the 13 items displayed in Exhibit 7-6 occurred at Head Start. Summary scores ranged from 13 to 52, with higher scores representing more positive experience. $M = 48.9$; $SD = 4.9$; $Mdn = 51.0$.

7.5 Parent Satisfaction

Parents were asked how satisfied they were with Head Start's performance in eight different areas, including helping their children to grow and develop, preparing their children for kindergarten, and supporting their families' culture and background. As shown in Exhibit 7-8, parents were very satisfied with Head Start in all areas. For example, over 80% of the families were very satisfied that Head Start maintained a safe program (88.3%), respected their families' culture (88.1%), helped their children to grow and develop (86.5%), provided them services (83.4%), and prepared them for kindergarten (84.6%).

Exhibit 7-8
Parents' Satisfaction with the Head Start Program



A summary score of satisfaction[6] was created for each parent who responded to the questionnaire. Parents of Hispanic children were more satisfied than parents of White children, $F(5, 2523) = 2.82$; $p = .02$.[7] and parents who had less than a high school degree were more satisfied than parents who had at least some college, $F(2, 2541) = 10.25$; $p < .0001$. The region of the country was also significantly related to parent satisfaction with the program, $F(3, 2541) = 7.17$; $p < .0001$. Parents who lived in the South, West, and Midwest were more satisfied than parents who lived in the Northeast. Satisfaction also varied by employment status, $t(2540) = 2.88$; $p < .01$. Employed parents were significantly less satisfied with the program than those parents who were not employed. Parents who reported their Head Start children as having disabilities were less satisfied than those families who did not have children with disabilities, $t(2527) = 4.45$; $p < .0001$, and parents of girls were more satisfied than parents of boys, $t(2539) = 3.10$; $p < .0001$. There were no significant differences in satisfaction scores based on marital status, previous experience with Head Start, whether the program was located in a rural or urban area, or the number of hours per day that the children attended classes. However, parents who reported their children were only absent 1-5 days in the previous Head Start school year were significantly more satisfied with the program than parents of children who were absent for 10 or more days during the year, $F(3, 2526) = 5.65$; $p < .001$. A significant positive correlation was found between satisfaction and involvement in the program, $r = .11$; $p < .001$.

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[6] Summary satisfaction score is based on respondents' reports of how satisfied (very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied) they were with Head Start in regard to the 8 items displayed in Exhibit 7-8. Summary score ranges from 8 to 32, with higher scores representing more satisfaction. $M = 29.2$; $SD = 3.7$; $Mdn = 31.0$.

[7] One-way analysis of variance was used to test for overall differences in the mean satisfaction scores among ethnic groups. Post hoc Scheffee tests ($ps < .05$) identified individual differences between each group.

7.6 Parent Reported Ways to Improve Head Start

In the spring of 1998, parents were asked the following open-ended question: If you could change anything about Head Start that you think would help it better serve children and families, what would it be? Almost one half of the parents indicated that Head Start did not need to change (36.9%) or they were already satisfied with the program (8.3%). Only four of the suggestions for improvement were reported by more than five percent of the parents: have extended hours or longer days (11.9%), focus more on academic skills (6.8%), provide transportation (6.3%), and improve the facilities such as having better playgrounds and classrooms (6.1%). Exhibit 7-9 displays the types of suggestions that parents had for improving Head Start.

Exhibit 7-9
Parents' Suggestions for Improving Head Start in Spring 1998

Reported by at Least 5% of Parents

- Focus more on academic skills
- Have extended hours and longer days
- Nothing to change
- Improve facilities
- Provide transportation
- Satisfied with Head Start

Reported by Less Than 5% of Parents

- Provide better meals
- Have more teachers
- Improve special needs programs
- Provide more individual attention
- Have smaller classes
- Have teachers trained in special needs
- Improve materials and supplies
- Have more teacher assistants

Reported by Less Than 5% of Parents

- Educate families about services provided
- Schedule meetings at more convenient times
- Teach discipline to children
- Reduce the number of forms to complete
- Get parents more involved
- Provide for family counseling
- Provide extended day care
- Have a more racially diverse staff
- Increase home based options
- Eliminate income eligibility requirements
- Improve teachers' attitudes
- Require staff to be more patient with children
- Provide safer playground facilities
- Improve transition to kindergarten
- Provide a progress report on children
- Improve communication with parents
- Celebrate more holidays
- Separate children by age
- Improve organization and administration
- Pay teachers more
- Allow younger children to attend
- Provide more activities outside school
- Increase training for teachers
- Improve safety of transportation vehicles

7.7 Summary

Findings from this chapter contributed to a more complete understanding of Head Start families' involvement, perceptions, and satisfaction with the Head Start program. Highlights from Chapter 7 include:

Children's Involvement with the Program

- On average, parents reported that their children attended Head Start for slightly more than 5 hours per day and 4.5 days per week and took approximately 16 minutes to get to school. The length of day was longer for children who lived in the South.
- Almost three fourths of children who lived in rural areas rode to school each day on a Head Start bus while only one third of children who lived in urban locations rode on a Head Start bus.
- One half of the children were absent between 1-5 days per year and one fifth was absent more than 10 days. The proportion of White children who missed more than 10 days was almost twice as high as the proportion of African American or Hispanic children.
- Children who missed more than 10 days had parents who were more depressed, who were less satisfied with the program, and had fewer positive feelings regarding their families' Head Start experiences. Children with 10 or more absences were reported to have more problem behavior, including aggressive and hyperactive behavior.
- The most frequent reason for absence was children's illness.

- Slightly more than one half of the parents had experience with Head Start before enrolling the FACES child, including having other children or grandchildren who attended.

- One fifth of the parents had attended Head Start.

Parents' Involvement at Head Start

- Most parents were very active in the program. The most frequently reported activities were home visits with Head Start staff members, parent-teacher conferences, and observing in their children's classrooms for at least 30 minutes.

- Parents who were more involved at Head Start also participated in more weekly, monthly, and overall activities with their children, and reported their children had fewer problem behaviors.

- Parents of White children reported more involvement at Head Start than either parents of African American children or parents of Hispanic children.

- Parents who worked were less involved at Head Start than non-working parents, and parents with prior exposure to the program were more involved than parents with no previous experience.

- Parents with high involvement at Head Start significantly decreased their depression, increased their internal locus of control and social support, and increased their use of household rules and their monthly household income from the fall of 1997 to the spring of 1998. They also significantly increased the amount of weekly, monthly, and total activity with their children from the fall to the spring.

- Parents with moderate involvement also significantly increased their internal locus of control, their social support, their use of household rules, their household income, and the amount of monthly and total activity they engaged in with their children.

- Parents with low involvement showed significant increases in their internal locus of control and social support, their household incomes, and their use of household rules from fall to spring. However, they showed no increases in the amount of activity with their children, no increases in their children's positive social behavior and no decreases in their children's problem behavior from fall to spring.

- Work and school commitments, need for child care or transportation, health problems, or lack of support from a spouse or partner were the top six barriers to participation reported by the parents.

Expectations of Head Start and Ways that Head Start has Helped

- Over two thirds of parents anticipated that Head Start would help prepare their children for school and almost two fifths expected that the program would provide social interactions with other children.

- Interestingly, by the end of the school year, many parents reported that Head Start had helped their children in ways they had not expected.

- Far fewer parents expected benefits for their families. Almost one fifth of the parents did not know that Head Start could help their families or believed that they would.

- Only two possible benefits were mentioned by more than five percent of the families: helping them to understand their children's growth and development and helping them with family contentment. Again, by the end of the school year, parents reported that Head Start had helped their families in ways they had not anticipated.

- Parents reported that their children showed improvement in brushing their teeth, washing their hands before meals, washing their hands after using the toilet, exercising, and eating more nutritious food as a result of their Head Start experience. Almost two thirds of the parents indicated that Head Start helped them improve safety in their homes.

Children's and Parents' Experiences in the Program

- Almost all of the parents had very positive feelings toward their children's and their own experiences at Head Start. Over 95% reported that their children often or always felt safe and secure at Head Start, were happy to be in the program, felt accepted by their teachers, and were treated with respect. Parents indicated that teachers often or always made them feel welcomed, supported them as parents, and were open to new information and learning.

Parents' Satisfaction with Head Start

- Over 80% of parents were very satisfied that Head Start maintained a safe program, respected their family's culture, helped their children to grow and develop, provided their children services, and prepared them for kindergarten.

- Parents of Hispanic children were more satisfied with Head Start than parents of White children, and parents who had less than a high school degree were more satisfied than parents who had some college or more.

- The region of the country was also significantly related to parent satisfaction with the program. Parents who lived in the South, West, and Midwest were more satisfied than parents who lived in the Northeast.

- Employed parents were less satisfied than non-working parents. Parents who reported that their children had disabilities were also less satisfied with the program than parents who did not have children with disabilities.

- Parents who were more satisfied were also more involved.

Suggestions for Improvement

- Almost one half of the parents indicated that Head Start did not need to change or they were already satisfied with the program.

- The top four suggestions for improvement were to extend hours, focus more on academics, provide transportation, and improve the facilities like the playgrounds or classrooms.

8.0 Head Start's Special Populations

This chapter presents descriptions of three special populations served by Head Start: families of children with disabilities, families of Hispanic children, and families with grandparents as the primary caregivers of the children.

8.1 Overview of Families of Children with Disabilities

Since its inception, Head Start has promoted enrollment and delivery of services to children with special needs and has directed local programs to set aside a minimum of 10% of available program slots for these children and families, regardless of income [Head Start Program Performance Standard 1306.(c)]. Head Start guidelines promote inclusion of children with special needs in regular classroom activities and the development of an Individualized Education Plan (IEP), including an integrated service delivery program, to accommodate the needs of these children and their families. This section will present characteristics of families who have children with disabilities, how these families function, and their relationships with the Head Start program.

Definition of Children with Disabilities

Although parents reported in the parent interview whether or not their children had disabilities, for the purpose of this report, children were counted as having disabilities only when these parent reports were supported by subsequent responses that the children also had an IEP (an indication of a professional diagnosis). It was also recognized that while some children entered Head Start with an identified disability (and an IEP), other children were identified sometime during their Head Start experience, including some who received professional diagnoses and IEPs during their second year in the program. In order to be inclusive of all children with professionally diagnosed disabilities, children with disabilities were identified in the sample in the following way.

Classification was based on information taken from each data collection. First, 233 children were identified in the fall of 1997 as having an IEP. Similarly, 281 were identified with an IEP in the spring 1998 interview, while 102 were identified as having an IEP in spring 1999. After accounting for children who were reported to have an IEP in two or more parent interviews, a total of 424 children in the study sample were classified as having disabilities. Regardless of when the disabilities were first reported, fall 1997 parent interview data are presented in sections 8.1.1 through 8.1.3, which contain descriptive background information on these children and families. Starting with section 8.1.4, spring 1998 data were used for only the 281 families with children identified as having disabilities at that time.

This process offers the largest number of families with responses to questions gathered at the end of the Head Start year, including satisfaction with program services.

8.1.1 Characteristics of Children with Disabilities

Ethnicity

The supplemental exhibit (Exhibit 8-2) in section 8.1.6, page 150, presents the distribution of child and family characteristics within groups of families with and without children with disabilities, as well as across five categories of disabilities (language, behavioral, cognitive, physical, and sensory). Among children with disabilities, the ethnic groups with the largest representation were African American children (36.7%) and White children (34.1%). While Hispanic children made up 28.9% of the children without disabilities, only 20.3% of the children with disabilities were Hispanic.

Distributions of children by ethnicity, as shown in Exhibit 8-2, display some differences across the five disability categories. While African American children made up the largest ethnic percentage of all children with disabilities, this was the case for only one of the disability groups. White children made up the largest proportions of children with cognitive, physical, and sensory disabilities. Among children with physical disabilities, only 6.0% were Hispanic, much lower than the proportion of African American children (27.7%) or White children (53.9%). Compared with the overall category of children with disabilities, the sensory disabilities category had fewer African American children (18.2%) and an increased percentage of Hispanic children (34.0%).

Gender and Age of Children

While the main sample of children was evenly split between boys and girls, almost two thirds of the children with disabilities were boys (62.6%). This finding was generally true within each of the disability categories, although the proportion of boys in the behavioral disability category was up to 74.5%. Exhibit 8-2 shows that the percentage of 3-year-olds among the children without disabilities was less than one third (30.0%). This was very similar to the proportion of 3-year-olds in the overall study sample. In contrast, more than two fifths of the children (41.8%) with disabilities were 3 years old. Within the five disability categories, more than one half of the children with behavioral disabilities were 3 years old, but less than one quarter of those in the cognitive disabilities (24.4%) and the sensory disabilities (22.8%) categories were 3 years of age.

Geographic Location

As noted in Exhibit 8-2, urban areas were home to approximately two thirds of the children with disabilities (64.4%) and children without disabilities (67.4%). This pattern was consistent across the disability categories, with the exception of children with physical disabilities (56.3%), who were more likely to come from rural areas. The distribution of children, both with and without disabilities, by geographic region was generally similar to the distribution of the regions across the study population as a whole. In looking at the five disability categories, physical disabilities had an increased proportion of children from the Midwest (41.4%), while only 17.2% of the children came from the South, which was the largest group of children, overall.

Child Birthweight

As seen in the supplemental exhibit (Exhibit 8-2), more than 80% of the children in the study were of normal birthweight, regardless of whether they had disabilities (81.8%) or not (86.5%). Among the disability categories, less then three quarters of the children in the cognitive category (64.1%) and the physical category (55.8%) were born with a normal birthweight. The physical disabilities category had the largest proportions of children with low (20.5%) and very low (7.5%) birthweights.

8.1.2 Characteristics of Families of Children with Disabilities

Age of Parents

As displayed in Exhibit 8-2, the distributions of parents' ages across the groups of children with and without disabilities was generally mixed. Both groups had about one half of the parents under 30 years of age, but the percentage of children with disabilities having parents less than 20 years of age (5.0%) was about twice that of children without disabilities (2.1%). About one tenth of the children in the behavioral disabilities category (10.2%) had parents under 20, while none of the children in the physical disabilities category had parents less than 20 years of age. More than one half of the children with disabilities had parents under age 30, including 70.2% of the children in the sensory disabilities group; 71.3% of the children in the physical disabilities group and 58.3% of the children in the cognitive disabilities group had parents older than 30 years of age. Consequently, Exhibit 8-2 also shows that the mean and median ages for parents of children in these two groups were slightly higher than that reported for parents of children in the other disability categories.

Nativity of Parents

The parents of children without disabilities (20.6%) included a much higher proportion of non-U.S. born individuals than did parents of children with disabilities (7.3%)(Exhibit 8-2). For children in the behavioral disabilities category, only 1.7% of the parents were born in a country other than the U.S., while 15.5% of the parents with children sensory disabilities were born out of the U.S.

Marital Status

As noted in Exhibit 8-2, the parents of children with disabilities were very similar to the parents of children without disabilities on their distribution across four categories of marital status. Within the disability categories, parents of children in the cognitive disabilities group (66.9%) and the physical disabilities group (71.3%) had the highest percentage of married parents. More than two thirds of the children in the behavioral disabilities category had single parents (70.7%), as did 55.8% of the children in the language disabilities category.

Education and Training

As with some other characteristics, Exhibit 8-2 shows that the distribution of parents across the five education and training categories was similar for parents of children with disabilities and parents of children without disabilities. In both cases, just over one quarter had less than a high school diploma, and just over one third had diplomas or GEDs. Within the five disability categories, less then one tenth of the parents of children with physical disabilities (9.5%) had less than a high school diploma, while for the other four groups, the proportion was closer to one quarter. The largest percentages of parents with college degrees were within the cognitive disabilities (8.2%) and the physical disabilities (6.8%) groups.

Employment Status

Full-time workers represented approximately one third of parents of children both with and without disabilities (Exhibit 8-2). This figure was also true for parents of children in each of the disability categories, except for parents of children in the sensory disabilities category (24.7%). Parents of children in the sensory disabilities category were also the most likely to be unemployed (65.9%).

Household Income

Some important differences in monthly household income were noted between families with and without children with disabilities. As seen in Exhibit 8-2, a smaller proportion of families having children with disabilities (7.8%) also had monthly household incomes of less than $500 than was noted among families without children with disabilities (12.5%). In contrast, the families with children that had disabilities (21.2%) were more likely than families not having children with disabilities (14.8%) to have monthly household incomes of $2,000 or more. For the three middle categories of income, differences between the two groups of families were slight.

Families with children who were classified as having language disabilities had a distribution of income very much like that of the disabled group as a whole, but differences were apparent for families with children in the other groups (Exhibit 8-2). The very low family incomes (less than $500) were most likely found in families having children in the language disabilities category (8.2%), and less apparent among families with children in the cognitive (2.5%), physical (2.5%), and sensory (3.1%) disabilities groups. A big difference was noted in the highest monthly income category ($2,000 or more). While only 14.8% of the families with non-disabled children and 21.2% of all families containing children with disabilities were in this category, more than two fifths of families with children in the cognitive category (41.1%) and almost one half in the physical category (47.9%) had the highest level of monthly household income.

Housing Status

Exhibit 8-2 shows that a slightly higher proportion of children with disabilities (90.5%) lived in private homes than did children without disabilities (85.8%), while shared housing was used slightly less. Interestingly, although it was noted above that the families of children with disabilities had fewer families in the lowest income category and more in the highest income category than did families of children without disabilities, the former group had the higher proportion of families living in public housing (29.6% vs. 20.9%). The proportion of children with behavioral disabilities who also lived in public housing was 39.7%, about two times the level of most other groups.

Sources of Support

Exhibit 8-2 shows that WIC was used by more than one half of families, regardless of whether or not the children had disabilities, but that the receipt of TANF was slightly higher for families of children with disabilities (35.4%) than for families of children without disabilities (29.4%). WIC was used, similarly, by more than one half of the families with children in each of the disability categories. TANF receipt, however, was lower among families of children classified as having cognitive (53.9%), physical (19.5%), or sensory (21.8%) disabilities.

As expected, Exhibit 8-2 shows that the receipt of SSI or SSDI was much more likely among families of children with disabilities (20.4%) than among families of children without disabilities (9.4%). Among the disability categories, receipt of SSI or SSDI was highest by families of children in the cognitive (29.7%) and physical (29.0%) categories, and lowest for families with children in the behavioral (14.2%) and sensory (15.4%) categories.

Insurance Coverage

As noted in Exhibit 8-2, a higher proportion of children with disabilities were covered by private insurance (37.1%) and Medicaid (68.7%) than were children without disabilities (31.8% and 56.3%, respectively). Coverage by private insurance was highest among families of children classified in the cognitive (53.9%) and physical (53.7%) disabilities categories. Use of Medicaid was reported by over two thirds of the families in each of the disability categories, except by families of children with physical (49.0%) and sensory (56.4%) disabilities.

8.1.3 Functioning of Families of Children with Disabilities

This section presents information gathered from the parent interviews about the functioning of the Head Start families who had children with disabilities, including their psychological well-being, and their neighborhood environments.

Social Support

All families need outside sources of support in raising young children. This may be especially true for families of children with disabilities. In the spring of 1998, parents were asked about the people or groups in their lives that were helpful to them during the past six months in raising their Head Start children. Almost all of the parents of children with disabilities (91.5%) reported that Head Start was helpful (30.5%) or very helpful (61.0%) as a source of support. Overall, Head Start was considered slightly more helpful than grandparents or other relatives (82.1%) and much more helpful than friends (65.1%), other parents (61.9%), professional helpgivers (60.1%), people from religious or social groups (44.4%), child care staff (38.9%), or co-workers (24.2%).

Based on a summary variable measuring total support[1], parents of children with disabilities reported receiving more support in raising their children than parents of children without disabilities, $t(2683) = 2.57; p = .01$. Although both groups of parents were close on their reports of the amount of support they received from Head Start, grandparents and other relatives, friends, religious and social group members, and co-workers, a slightly larger proportion of parents of children with disabilities (38.9%) reported they received support from child care staff than parents of children without disabilities (30.8%), and a slightly smaller proportion of parents of children with disabilities reported receiving support from other parents (61.9% vs. 68.1%). As expected, almost twice as many parents of children with disabilities (60.1%) compared to parents of children without disabilities (31.0%) reported receiving support from professional helpgivers. Reports of social support did not vary by type of disability.

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[1] Summary support score is based on respondents' ratings of how helpful individuals were in helping them raise their Head Start children over the past six months. Each of nine categories of individuals was rated on a 3-point scale ranging from "not very

Psychological Well-Being

Depression among Head Start parents was measured using the CES-D Depression Scale[2] (Radloff, 1977). Overall, most parents of children with disabilities were classified as not depressed (37.0%) or mildly depressed (26.9%). Still, one third of these parents were classified as moderately depressed (14.8%) or severely depressed (17.6%). Parents of children with disabilities were significantly more depressed, $t(2682) = 3.04$; $p < .01$, and had a more external locus of control, $t(2682) = 3.31$; $p < .001$, than parents of children without disabilities. Reports of parental depression did not vary by type of disability.

Social Service Needs

Because parents of young children sometimes need help of various kinds, they were asked, during the spring 1998 interview, to report whether they or someone in their household had needed or received help from various community agencies since September of 1997. Types of services included income assistance, employment assistance, help with health care, or other social service needs. Based on summary scores measuring need for services[3] and receipt of services[4], parents of children with disabilities had a greater need for services, $t(2686) = 2.77$; $p < .01$, and received more services, $t(2686) = 3.06$; $p < .01$, than parents of children without disabilities. The mean number of services needed by parents of children with disabilities was 8.9 ($SD = 6.2$) compared to 8.0 ($SD = 5.6$) services needed by parents of children without disabilities. The mean number of services received by parents of children with disabilities was 6.9 ($SD = 5.4$) compared to 6.3 ($SD = 4.7$) services received by parents of children without disabilities.

Health

Almost two thirds (65.2%) of the parents of children with disabilities reported they usually took their children to private doctors or HMOs for routine medical care. The remaining parents indicated that

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helpful" to "very helpful." Summary scores ranged from 0 to 27, with higher scores representing more support. $M = 13.5\%$; $SD = 5.2$.

[2] The CES-D Scale (12-item version) measures levels of depression among parents. Scores ranged from 0-36. Zero-4 = Not depressed; 5-9 = Mildly depressed; 10-14 = Moderately depressed; 15 or more = Severely depressed. $M = 7.2$; $SD = 6.7$.

[3] A summary score of 17 parent-reported services needed. Scores ranged from 17-34, with higher scores representing more services needed.

their children received routine medical care through public health departments (19.9%), or hospital outpatient clinics (14.1%). This use of routine health care services did not differ from that of parents of children without disabilities. However, parents of children with disabilities were significantly more likely to report that their children had chronic diseases, $X^2(1, 2685) = 24.6$; $p < .0001$. A significant chi-square was found when testing differences of health status between children with or without disabilities, $X^2(4, 2688) = 39.9$; $p < .0001$. Children with disabilities were less likely to be reported by their parents as having excellent health (35.2%) than children without disabilities (44.8%).

Involvement With Their Children

Parents were asked about their families' activities with their children during the week and month prior to the spring 1998 interview. Almost all of the parents of children with disabilities (96.3%) reported that they or another family member read to the children during the past week. Almost one third of the children (32.1%) were read to every day, while 38.4% were read to three or more times, and 25.9% were read to once or twice during the week prior to the interview. A very small proportion, 3.7%, reported they had not read to their children at all during the past week. The frequency of reading reported by parents of children without disabilities was very similar. Families of children with disabilities also involved their children in a wide range of activities. No significant differences in the amount of weekly, monthly, or total activities with children were noted between families with or without children with disabilities. Reports of family activities with children did not vary by type of disability.

Child Behavior

Parents were asked to rate their children in several different areas, including their behavior and emergent literacy. Compared to parents of children without disabilities, parents of children with disabilities indicated their children had fewer positive social behaviors[5], $t(2672) = 4.90$; $p < .0001$, and more problem behaviors[6], $t(2659) = 8.12$; $p < .0001$, including behavior that was more aggressive[7], $t(2681) = 4.40$; $p < .0001$, hyperactive[8], $t(2679) = 6.47$; $p < .0001$, and withdrawn[9], $t(2671) = 8.34$; $p <$

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[4] A summary score of 17 parent-reported services received. Scores ranged from 17-34, with higher scores representing more services received.

[5] A summary score of 7 parent-reported behavior items rated on a 3-point scale ranging from "not true" to "very true or often true." Scores ranged from 0-14, with higher scores representing more positive behavior.

[6] An adaptation of the Achenbach Child Behavior Checklist (Total Problem Behavior Index). Each of 12 behavior items, based on parent report, is rated on a 3-point scale ranging from "not true" to "very true or often true." Summary scored ranged from 0-24, with higher scores representing more frequent or severe negative behavior.

[7] A subscale of the Total Problem Behavior Index, each of four items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child hits and fights with other children, has temper tantrums, doesn't get along with others, and is disobedient at home. Subscale scored ranged from 0-8.

[8] A subscale of the Total Problem Behavior Index, each of three items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child can't pay attention for long, is very restless, and is nervous, high-strung, or tense. Subscale scored ranged from 0-6.

.0001. Children with disabilities were significantly lower on emergent literacy[10] than children without disabilities, $t(2686) = 7.95; p < .0001$.

One-way analyses of variance were used to test for overall differences in the parents' reports on child behavior and emergent literacy, categorized by child disability type. Post-hoc Scheffe tests ($ps < .05$) identified individual differences between each group. For the child behavior, significant main effects were noted for type of disability by positive social behavior, $F(5, 274) = 3.60; p < .01$, overall problem behavior, $F(5, 272) = 10.84; p < .0001$, aggressive behavior $F(5, 279) = 3.69; p < .0001$, and hyperactive behavior, $F(5,275) = 7.96; p < .0001$. Children with behavioral disabilities had higher reported behavior problems, including aggressive and hyperactive behaviors, than children with language disabilities. They also had more reported problem behaviors and hyperactive behaviors than children with physical disabilities, and more problem behaviors and aggressive behaviors than children with multiple disabilities. There were no differences by type of disability on emergent literacy.

Neighborhood Environments

When asked in spring 1998 about their families' exposure to neighborhood and personal violence during the past six months, slightly larger proportions of parents of children with disabilities reported having been exposed to crime, violence, and victimization than parents of children without disabilities. Almost one fourth of parents of children with disabilities (23.5%) reported seeing nonviolent crime in their neighborhoods and over two thirds reported exposure to violent crime (35.6%), while parents of children without disabilities reported less exposure to nonviolent (18.9%) and violent crime (23.3%) in their neighborhoods. Almost one quarter of the parents of children with disabilities (22.7%) knew someone who was the victim of a violent crime in their neighborhood, compared to 17.7% of parents of children without disabilities. Victimization in the neighborhood was reported by 4.5% of the parents with disabilities compared to 3.8% of parents of children without disabilities and 3.8%% of the parents of children with disabilities reported being victims of violence in their homes compared to 3.4% of the parents of children without disabilities.

This finding was somewhat surprising, given parents of children with disabilities reported, on average, higher monthly household incomes than parents of children without disabilities. Further

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[9] A subscale of the Total Problem Behavior Index, each of five items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include whether child is unhappy, worries, feels worthless, has difficulty making changes, or acts too young. Subscale scores ranged from 0-8.

[10] A summary score of 5 parent-reported child skills including whether child can identify all of the primary colors, recognize most or all letters of the alphabet, count to twenty or higher, write rather than scribble, and write own name. Scores ranged from 0-5.

investigation through the use of a one-way analysis of variance and post-hoc tests found that those families reporting the lowest household incomes (less than $500 per month) scored higher on the exposure to violence scale then families whose reported income fell into any of the other higher income categories, $F(4, 392) = 2.75$; $p < .05$.

8.1.4 Relationships with Head Start

This section presents information regarding how satisfied parents of children with disabilities were with the overall Head Start program, the barriers to participation they faced, ways they felt Head Start had helped their families, suggestions for improvement, and how Head Start addressed the special needs of their children.

Program Response to Children with Disabilities

Over one half of the children with disabilities (57.8%) were diagnosed after enrolling in Head Start and two fifths of their parents (40.2%) reported that the disabilities affected their children's ability to learn. While almost all of the children (81.6%) were members of Head Start classrooms that included children with or without disabilities, about one half of the children with disabilities (48.7%) left their classrooms for separate services or instruction.

By the spring 1998 interview, almost 70% of the parents indicated their children received all (62.1%) or most (7.0%) of the services identified in their Individualized Education Programs (IEP). Yet, close to one quarter of the parents reported their children only received some (14.6%) or none (8.9%) of the services needed. When asked where their children were receiving services for their disabilities, Head Start was mentioned by 64.3% of the parents, school districts were mentioned by 36.7% of parents, 22.5% cited doctors or clinics, and 18.6% reported receiving services from State or local health or social service agencies. Over three quarters of the parents were very satisfied (59.6%) or somewhat satisfied (16.5%) with the services their children were receiving. Close to one fifth reported they were somewhat (2.1%) or very dissatisfied (14.1%) with these services.

When asked how helpful Head Start was with assisting parents in talking with other schools and agencies, and knowing about other resources available for meeting their children's special needs, close to three quarters of the parents indicated Head Start was helpful (19.8%) or very helpful (53.8%) to them. Head Start was also rated as helpful (22.9%) or very helpful (49.8%) in assisting parents to better meet the special needs of their children in the home, for example, providing a proper diet and exercise or continuing recommended therapy.

Slightly over one third of the parents (34.2%) felt there were areas or ways that the Head Start program could improve in providing services to children with special needs and their families. Suggestions included the following: provide therapy at the Head Start center (21.2%), give more attention to children in special situations such as having separated parents (9.0%), provide more information about services available for special needs children (8.3%), provide services more quickly (8.0%), offer more activities or routines focused on special needs children (7.5%), notify parents immediately about children's special needs (6.2%), provide more individual attention (5.6%), and have more special education teachers and staff available (5.3%).

Involvement at Head Start

In the spring of 1998, parents were asked about the ways that they were involved in the Head Start program throughout the past school year. A summary score measuring total involvement[11] showed that parents of children with disabilities were significantly more involved in Head Start than parents of children without disabilities, $t(2685) = 2.16$; $p = .03$. As demonstrated in Exhibit 8-1, although parents of children with or without disabilities participated at very similar rates, slightly larger proportions of those who had children with disabilities attended parent-teacher conferences (88.2% vs. 80.7%) and participated in Policy Council (42.2% vs. 35.1%).

Exhibit 8-1

Percentages of Parents of Children with Disabilities and Parents of Children without Disabilities Who Participated at Head Start during 1997-1998 School Year

	Weighted Percentages	
	Parents of Children	
	With Disabilities	Without Disabilities
Observed classroom for 30 minutes or more	76.8	77.4
Prepared food or materials	71.4	65.4
Helped with field trips	50.7	50.9
Attended Head Start social events	58.4	55.2
Attended workshops	55.1	54.7
Attended parent-teacher conferences	88.2	80.7

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[11] Summary parent involvement score is based on respondents' reports of how frequently (not yet, 1-2 times, 3 or more times) they participated in each of 12 activities over the past school year. Scores ranged from 12-36, with higher scores representing more involvement.

	Weighted Percentages	
	Parents of Children	
	With Disabilities	Without Disabilities
Had Head Start staff visit at home	83.0	82.9
Participated in Policy Council	42.2	35.1
Called another Head Start parent	35.9	30.1
Prepared newsletters, fliers, etc.	23.7	22.6
Participated in fundraising	63.0	59.5

Barriers to Participation

In the spring of 1998, parents were asked if there were particular barriers that prevented them from participating as much as they would have liked at their children's Head Start program. The four barriers to participation mentioned by over 10% of the parents of children with disabilities were work commitments (56.0%), need for child care (36.9%), school schedules (18.8%), and lack of transportation (17.3%). Similar proportions of parents of children without disabilities mentioned these four barriers, except that slightly fewer of these parents reported a need for child care (30.7% vs. 36.9%). Interestingly, almost twice as many parents of children with disabilities felt Head Start did not provide enough opportunities to participate (7.6% vs. 3.8%) or reported a lack of support from their spouse or partner as a barrier to participation (20.4% vs. 11.5%).

Satisfaction with the Head Start Experience

Parents were asked how satisfied they were with Head Start's performance in eight different areas, including helping their children to grow and develop, preparing their children for kindergarten, and supporting their family's culture and background. A summary satisfaction score[12] was created for each parent who responded to the questionnaire. While parents of children with disabilities were significantly less satisfied than parents of children without disabilities, $t(2685) = 2.42$; $p = .02$, the latter group's satisfaction with the program was still high ($M = 28.7$ out of a possible 32; $SD = 3.9$). Further examination revealed that while overall satisfaction was comparable between the two groups, parents of children with disabilities were more likely to report that they were "somewhat" satisfied with Head Start whereas parents of children without disabilities more often indicated that they were "very" satisfied.

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[12] Summary satisfaction score is based on respondents' reports of how satisfied (very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied) they were with Head Start in eight different areas. Scores ranged from 8-32, with higher scores representing more satisfaction.

When asked if they could change anything about Head Start to help it better serve children and families, 38.1% of the parents of children with disabilities indicated that they were satisfied with the program and no change was needed. Areas for improvement mentioned by at least five percent of the parents included having extended hours and longer days (10.3%), involving parents more (9.1%), improving the special needs programs (6.3%), and focusing more on academic skills (5.7%).

8.1.5 Summary of Findings on Families of Children with Disabilities

Findings from this section contributed to a more complete understanding of Head Start families who have children with disabilities, including their involvement, perceptions, and satisfaction with the Head Start program. Highlights from Section 8.1 include:

Characteristics of Children

- Among children with disabilities, the ethnic groups with the largest representation were African American children and White children. In both cases, these proportions were larger than the proportions of the same two ethnic groups among children without disabilities.

- While the main sample of children was evenly split between boys and girls, almost two thirds of the children with disabilities were boys. This finding was generally true within each of the disability categories, although the proportion of boys in the behavioral disability category was up to three quarters.

- The percentage of 3-year-olds among the children without disabilities was less than one third. This was very similar to the proportion of 3-year-olds in the overall study sample. In contrast, more than two fifths of the children with disabilities were 3 years old. Within the five disability categories, more than one half of the children with behavioral disabilities were 3 years old, but less than one quarter of those in the cognitive disabilities and the sensory disabilities categories were 3 years of age.

- Urban areas were home to approximately two thirds of the children with disabilities and children without disabilities. This pattern was consistent across the disability categories, with the exception of children with physical disabilities, who were more likely to come from rural areas.

- The distribution of children, both with and without disabilities, by geographic region was generally similar to the distribution of the regions across the study population as a whole.

- In looking at the five disability categories, physical disabilities had an increased proportion of children from the Midwest, while only 17.2% of the children came from the South, which was the largest group of children, overall.

- More than 80% of the children in the study were of normal birthweight, regardless of whether they had disabilities or not.

- Among the disability categories, less then three quarters of the children in the cognitive category and the physical category were born with a normal birthweight. The physical disabilities category had the largest proportions of children with low and very low birthweights.

Characteristics of Families

- The distributions of parents' ages across the groups of children with and without disabilities was generally mixed. Both groups had about one half of the parents under 30 years of age, but the percentage of children with disabilities having parents less than 20 years of age was about twice that of children without disabilities.

- About one tenth of the children in the behavioral disabilities category had a parent under 20, while none of the children in the physical disabilities category had a parent less than 20 years of age. The mean and median ages for parents of children in these two groups were slightly higher than that reported for parents of children in the other disability categories.

- The parents of children without disabilities included a much higher proportion of non-U.S. born individuals than did parents of children with disabilities.

- The parents of children with disabilities were very similar to the parents of children without disabilities on their distribution across four categories of marital status.

- Within the disability categories, parents of children in the cognitive disabilities group and the physical disabilities group had the highest percentage of married parents. More than two thirds of the children in the behavioral disabilities category had single parents as did slightly over one half of the children in the language disabilities category.

- The distribution of parents across the five education and training categories was similar for parents of children with disabilities and parents of children without disabilities. In both cases, just over one quarter had less than a high school diploma, and just over one third had a diploma or GED only.

- Within the five disability categories, less then one tenth of the parents of children with physical disabilities had less than a high school diploma, while for the other four groups, the proportion was closer to one quarter. The largest percentages of parents with college degrees were within the cognitive disabilities and the physical disabilities groups.

- Full-time workers represented approximately one third of parents of children both with and without disabilities. This figure was also true for parents of children in each of the disability categories, except for parents of children in the sensory disabilities category, who were also the most likely to be unemployed.

- A smaller proportion of families having children with disabilities also had monthly household incomes of less than $500 than families without children with disabilities. In contrast, the families with children that had disabilities were more likely than families not having children with disabilities to have monthly household incomes of $2,000 or more. For the three middle categories of income, differences between the two groups of families were slight.

- A slightly higher proportion of children with disabilities lived in private homes than did children without disabilities, while shared housing was used slightly less.

- Interestingly, although it was noted that the families of children with disabilities had fewer families in the lowest income category and more in the highest income category than did families of children without disabilities, the former group had the higher proportion of families living in public housing. The proportion of children with a behavioral disability who also lived in public housing was about two times the level of most other groups.

- WIC was used by more than one half of families, regardless of whether or not the children had disabilities, but the receipt of TANF was slightly higher for families of children with disabilities than by families of children without disabilities.

- WIC was used by more than one half of the families with children in each of the disability categories. TANF receipt, however, was lower among families of children classified as having cognitive, physical, or sensory disabilities.

- The receipt of SSI or SSDI was much more likely among families of children with disabilities than among families of children with out disabilities. Among the disability categories, receipt of SSI or SSDI was highest by families of children in the cognitive and physical categories, and lowest for families with children in the behavioral and sensory categories.

- A higher proportion of children with disabilities were covered by private insurance and Medicaid than were children without disabilities. Coverage by private insurance was highest among families of children classified in the cognitive and physical disabilities categories. Use of Medicaid was reported by over two thirds of the families in each of the disability categories, except by families of children with physical and sensory disabilities.

- Almost all of the parents of children with disabilities reported that Head Start was helpful or very helpful as a source of support. Overall, Head Start was considered slightly more helpful than grandparents or other relatives and much more helpful than friends, other parents, professional helpgivers, people from religious or social groups, child care staff, or co-workers.

- Overall, most parents of children with disabilities were classified as not depressed or mildly depressed. Still, one third of these parents were classified as moderately depressed or severely depressed.

- Parents of children with disabilities were significantly more depressed and had a more external locus of control then parents of children without disabilities. Reports of parental depression did not vary by type of disability.

- Parents of children with disabilities had a greater need for services and received more services than parents of children without disabilities.

- Almost two thirds of the parents of children with disabilities reported they usually took their children to private doctors or HMOs for routine medical care. This use of routine health care did not differ from parents of children without disabilities.

- Parents of children with disabilities were significantly more likely to report that their children had chronic diseases and less likely to report they had excellent health than children without disabilities.

- Almost all of the parents of children with disabilities reported that they or another family member read to the children during the past week. Almost one third of the children were read to every day. A very small proportion reported they had not read to their children at all during the past week.

- Parents of children with disabilities also involved their children in a wide range of activities. No significant differences in reported amounts of activities with children were noted between families with or without children with disabilities. Reports of activities with children did not vary by type of disability.

- Compared to parents of children without disabilities, parents of children with disabilities indicated their children had less positive social behavior, and more problem behavior, including behavior that was more aggressive, hyperactive, and withdrawn.

- Children with behavioral disabilities had more reported problem behaviors, including the aggressive and hyperactive behaviors, than children with language disabilities, more reported problem behaviors and hyperactive behaviors than children with physical disabilities, and more problem behaviors and aggressive behaviors than children with multiple disabilities.

- Children with disabilities also had significantly lower reports of emergent literacy than children without disabilities. There were no differences by type of disability on emergent literacy.

- Almost one fourth of parents of children with disabilities reported seeing nonviolent crime in their neighborhoods and over two thirds reported exposure to violent crime. Parents of children without disabilities reported less exposure to nonviolent and violent crime in their neighborhoods.

- Almost one quarter of the parents of children with disabilities knew someone who was the victim of a violent crime in their neighborhood. Victimization in the neighborhood was reported by approximately five percent of the parents with disabilities. Less than five percent of the parents of children with disabilities reported being victims of violence in their homes. These percentages were slightly higher than parents of children without disabilities.

Relationship with Head Start

- Parents of children with disabilities were significantly more involved at Head Start than parents of children without disabilities. Although parents of children with or without disabilities participated at very similar rates, slightly larger proportions of those who had children with disabilities attended parent-teacher conferences and participated in Policy Council.

- The four barriers to participation mentioned by over ten percent of the parents of children with disabilities were work commitments, need for child care, school schedules, and lack of transportation.

- While parents of children with disabilities were significantly less satisfied than parents of children without disabilities, their satisfaction with the program was still high.

- When asked if they could change anything about Head Start they thought would help it better serve children and families, two fifths of the parents of children with disabilities indicated that they were satisfied with the program and no change was needed.

- Areas for improvement mentioned by at least five percent of the parents included having extended hours and longer days, involving parents more, improving the special needs programs, and focusing more on academic skills.

8.1.6 Supplemental Table

Exhibit 8-2
Characteristics of Children with Disabilities and Their Families

	Weighted Percentages							
				Disability Categories [a]				
	All (*N*= 3,120)	Families without Disabilities (*n*=2,696)	Families with Disabilities (*n* = 424)	Language (*n*=341)	Behavioral (*n* = 59)	Cognitive (*n* = 53)	Physical (*n* = 36)	Sens (*n* =
Ethnicity								
African American	28.8	27.5	36.7	36.7	35.7	30.6	27.7	18
White	30.6	30.1	34.1	31.9	42.6	45.7	53.9	36
Hispanic	27.6	28.9	20.3	22.0	13.9	16.5	6.0	34
Native American	1.9	1.9	1.6	2.0	3.5	0.0	0.0	3.
Asian	1.3	1.4	0.4	0.5	0.0	1.9	0.0	0
Other	8.7	9.0	6.7	6.8	4.4	5.6	12.4	5.
Urbanicity								
Urban	66.9	67.4	64.4	65.4	55.3	59.0	43.7	66
Rural	33.0	32.6	35.6	34.6	44.6	41.0	56.3	33
Region								
Midwest	23.1	23.7	19.4	17.0	34.0	21.0	41.4	26
Northeast	15.5	14.8	19.6	19.2	15.0	23.0	22.1	30
South	39.4	39.3	40.5	43.0	40.3	38.6	17.2	32
West	22.0	22.2	20.5	20.7	10.8	17.4	19.3	10
Gender of Child								
Male	50.4	48.3	62.6	63.1	74.5	69.1	61.9	58
Female	49.6	51.6	37.4	36.9	25.5	30.9	38.1	42
Age of Child								
3 years old	31.7	30.0	41.8	40.4	54.2	24.4	47.8	22
4 years old	68.3	70.0	58.2	59.6	45.8	75.6	52.2	77
Child Birthweight								
Normal	85.8	86.5	81.8	84.2	77.1	64.1	55.8	85
Low	7.6	7.3	9.4	9.3	10.8	9.3	20.5	7.
Very low	1.8	1.7	2.7	2.4	0.3	2.2	7.5	2.

	Weighted Percentages							
				Disability Categories [a]				
	All (*N*= 3,120)	Families without Disabilities (*n* =2,696)	Families with Disabilities (*n* = 424)	Language (*n*=341)	Behavioral (*n* = 59)	Cognitive (*n* = 53)	Physical (*n* = 36)	Sens (*n* =
Age of Parent								
Less than 20 years old	2.5	2.1	5.0	5.8	10.2	3.0	0.0	4.
21-29 years old	53.1	54.2	46.9	47.2	45.3	38.8	28.7	65
30-39 years old	32.4	31.7	36.3	36.4	31.9	38.6	53.4	22
40 and older	11.7	11.8	11.5	10.2	12.6	19.7	17.9	6.
Mean age	30.2	30.0	31.4	30.9	31.8	33.1	32.6	30
Median age	28.0	28.0	29.0	29.0	29.5	31.0	32.5	28
Nativity of Parent								
Born in country other than US	18.7	20.6	7.3	8.1	1.7	3.6	3.3	15
Marital Status								
Married	43.1	43.1	43.1	44.2	29.2	66.9	71.3	57
Single, never married	33.7	33.4	35.1	35.0	47.2	19.3	17.8	30
Divorced or widowed	13.5	13.5	13.4	12.2	15.8	11.7	8.2	4.
Married, but separated	9.6	9.9	8.3	8.6	7.7	2.1	2.7	7.
Education and Training								
Less than high school	27.2	27.5	25.4	27.1	28.2	17.0	9.5	30
High school diploma/GED	37.5	37.7	36.4	36.1	26.1	36.8	47.8	25
Some college/AA degree	32.5	31.9	36.1	35.4	45.7	38.0	35.9	43
College degree or higher	2.8	2.9	2.1	1.4	0.0	8.2	6.8	0.
Vocational or trade school	41.8	41.0	46.4	45.8	46.6	39.4	51.9	33
Employment Status								
Full-time	34.5	34.8	32.2	33.5	36.8	31.3	34.0	24
Part-time or seasonal	17.8	17.0	22.3	21.6	23.6	17.5	16.6	9.
Not employed	47.3	47.7	44.9	44.3	39.7	51.2	47.6	65

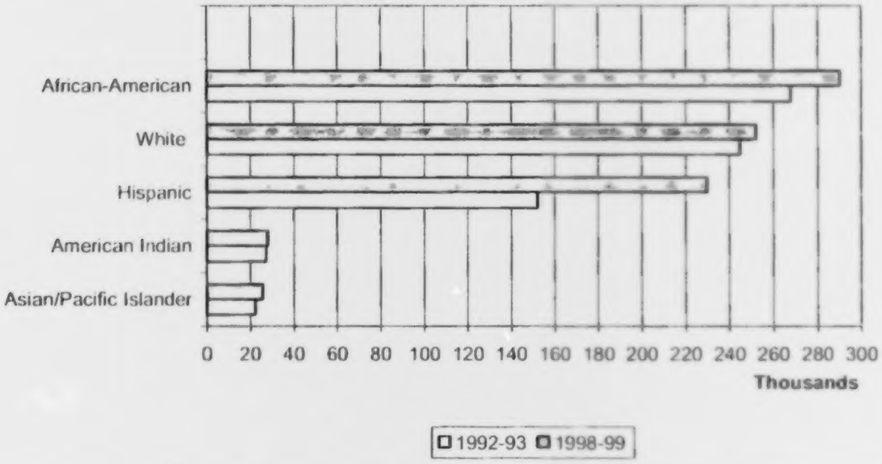
	Weighted Percentages							
				Disability Categories [a]				
	All (*N*= 3,120)	Families without Disabilities (*n* =2,696)	Families with Disabilities (*n* = 424)	Language (*n*=341)	Behavioral (*n* = 59)	Cognitive (*n* = 53)	Physical (*n* = 36)	Sens (*n* =
Household Income								
$499 or less	11.8	12.5	7.8	8.2	4.0	2.5	2.5	3.
$500-999	29.6	29.1	32.9	35.0	39.4	11.0	13.5	23
$1,000-1,499	24.8	24.9	24.5	24.2	17.4	32.2	23.8	33
$1,500-1,999	14.4	14.9	11.8	10.4	15.8	13.1	7.3	10
$2,000 or more	15.7	14.8	21.2	20.7	21.9	41.1	47.9	28
Housing Status								
Private housing	86.4	85.8	90.5	91.1	93.0	90.0	89.2	89
Shared housing	12.5	13.3	7.7	8.2	2.9	3.5	6.8	10
Transitional housing	1.1	0.9	1.8	0.7	4.2	6.5	4.1	0.
Public housing	22.2	20.9	29.6	28.7	39.7	16.9	21.0	20
Sources of Support								
WIC	54.5	54.7	53.4	51.8	61.8	61.4	50.0	47
TANF	30.2	29.4	35.4	35.5	38.7	18.8	19.5	21
SSI or SSDI	11.0	9.4	20.4	18.8	14.2	29.7	29.0	15
Insurance Coverage								
Private insurance	32.6	31.8	37.1	38.8	27.0	53.9	53.7	48
MEDICAID	58.1	56.3	68.7	67.5	74.1	68.7	49.0	56

[a] Children with multiple disabilities may be represented in more than one disability category.

8.2 Hispanic Head Start Children and Families[1]

In Head Start, as in the United States, population growth among people of Hispanic heritage is greater than for any other ethnic group. As displayed in Exhibit 8-3, the Head Start Program Information Report (PIR) (ACYF, 1993; ACYF, 1999) data indicate that enrollment of Hispanic children has increased by 77,571 children or 51.0% since the 1992-93 school year, compared to 15.7% for Asian/Pacific Islanders, 8.5% for African-American, 3.5% for American Indian, and 3.1% for White children. Overall, enrollment of Hispanic children in Head Start has increased from 21.3% to 27.9% of the total enrollment since 1992-93.

Exhibit 8-3
Head Start Enrollment by Ethnicity: 1992-93 to 1998-99



Source: Head Start PIR

The focus of this section is to describe Hispanic Head Start children and families. Exhibit 8-4, located at the end of Section 8.3, presents weighted data describing basic variables of interest. The first column presents data on all FACES families. The next two columns present data on non-Hispanic families and all Hispanic families, respectively[2]. The last three columns present data on Hispanic families and children living in Puerto Rico and families of Hispanic children who are mainland residents, both those who speak English and those who are Spanish-speaking[3]. Head Start families residing in Puerto Rico generally speak only Spanish in a society where Spanish is the common language and the culture is primarily Hispanic. Mainland Hispanics may differ from Hispanics living in Puerto Rico on a number of issues, making it important to describe this group separately. Although many mainland Hispanic families are native English speakers, others live in households where the spoken language is predominantly Spanish while the common language outside the home is English. Further, mainland Hispanics include diverse groups of families originating in Mexico, Puerto Rico, Cuba and other nations in Latin America, South America, and the Caribbean. Due to this diversity, cultural issues may not have an impact on these families similar to the impact on families residing in Puerto Rico.

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[1] The term "Hispanic" is used in this report since it is the term most often used in Head Start. However, the terms "Hispanic" and "Latino" should be considered by readers as interchangeable, reflecting the new terminology in the standards issued by the Office of Management and Budget in 1997 that are to be implemented by January 1, 2003. For more information, please refer to "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity," *Federal Register*, Vol. 62, No. 280, October 30, 1997, pp. 58, 782-58,790.

[2] Hispanic families were defined as those families whose Head Start child was Hispanic.

This section first presents the results of analyses on descriptive variables of interest. Subsequent sections assess Hispanic family risk factors, health care, child care, family activities with their children, social support, and family involvement in Head Start. Each section presents analyses comparing all Hispanic families and children to non-Hispanic families and then compares findings among the three Hispanic groups – families residing in Puerto Rico, mainland Spanish-speaking families, and mainland English-speaking families.

8.2.1 Characteristics of Hispanic Children in Head Start

Age and Gender

Results presented in Exhibit 8-2 indicate that the majority of Hispanic children in Head Start, like the overall sample, were 4 years old (72.6%). More Hispanic children were 4 years old than non-Hispanic children (66.8%). Among Hispanic groups, while almost three fourths of mainland Hispanic children were 4 years old, proportionally fewer children living in Puerto Rico were 4 years old (60.8%). In regard to gender, like the overall sample, an equal proportion of Hispanic children were male and female. Differences among the Hispanic groups in terms of gender were not significant.

Birth Weight and Disabilities

The majority of Hispanic children in Head Start, like the overall sample, were normal birth weight (86.5%). There were no significant differences in birth weight between children from all Hispanic families and non-Hispanics or among children across the three Hispanic groups. Exhibit 8-5 displays the percent of children with disabilities and indicates that proportionally fewer Hispanic children were reported to have one or more disabilities[4] (16.8%) than non-Hispanic children (20.6%). Head Start families living in Puerto Rico had almost twice as many children identified with one or more disabilities (32.7%) than mainland English-speaking (16.1%) and Spanish-speaking (7.3%) families.

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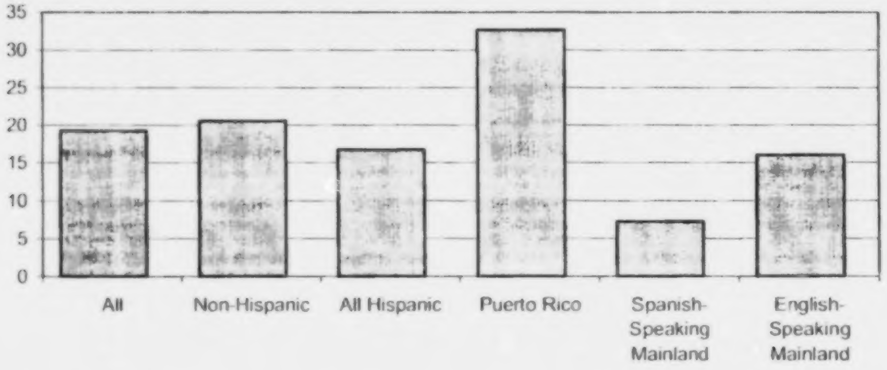
[3] Spanish-speaking Hispanic families were identified as parents who completed the parent interview in Spanish.

Exhibit 8-5
Percentage of Families with One or More Disabilities



8.2.2 Characteristics of Hispanic Families in Head Start

Family Residence

The majority of Hispanic families lived in urban areas and was geographically concentrated in the West and South regions of the country. More than three quarters of the families (86.4%) resided in urban areas. Likewise, more than two fifths of all Hispanic families lived in the South (40.4%) and the West (38.0%) regions of the country. Compared to non-Hispanic families, Hispanic families were more likely to live in urban areas and the West and less likely to live in the Midwest.

Nativity of the Parents

As seen in Exhibit 8-6, 52.0% of all Hispanic Head Start parents were foreign born. Of this group, 90.4% have lived in the U.S. five or more years (*M* = 10.9 years; *SD* = 6.6). There was large variability among the Hispanic groups in terms of parents' nativity. Almost all the mainland Spanish-speaking Hispanic parents were foreign born (97.1%), while less than one half of the English-speaking parents were born outside the U.S. (42.5%). Only 7.7% of parents living in Puerto Rico reported having been born outside the U.S. However, the majority of parents in each of these groups had lived in the U.S.

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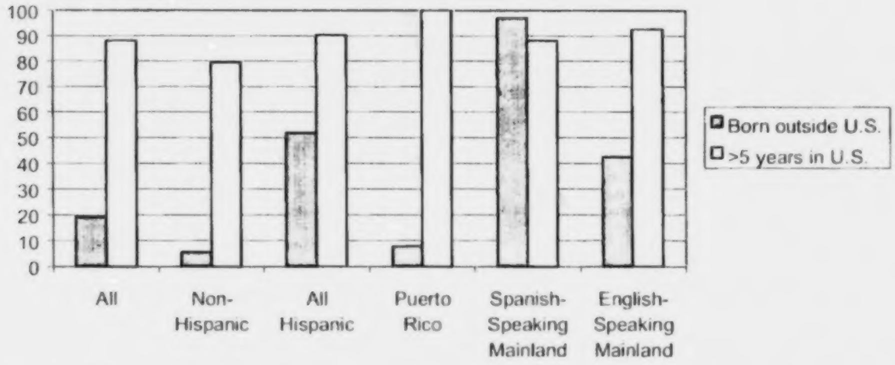
[4] Children were counted as having a disability only when parent reports were supported by subsequent responses that the children also had an IEP (an indication of a professional diagnosis).

for more than five years, with an average time in the U.S. of 9.4 years (*SD* = 5.5) for parents in Spanish-speaking families and 12.8 years (*SD* = 7.4) for parents in English-speaking mainland families.

Exhibit 8-6

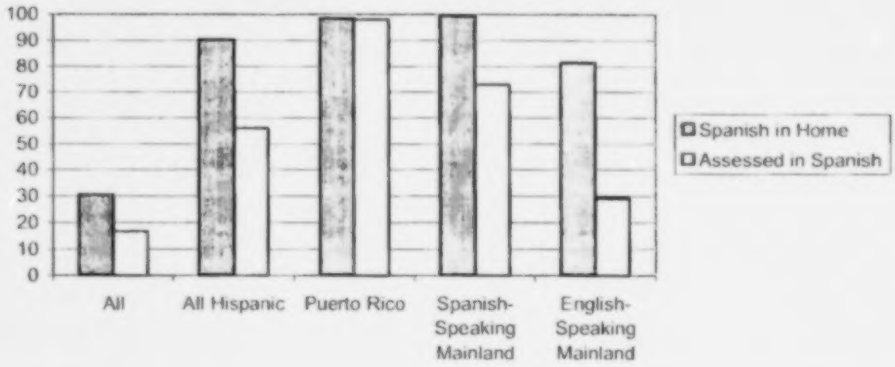
Percentage Born Outside the U.S. and Lived More than Five Years in U.S.



Language

As displayed in Exhibit 8-7, the vast majority of Hispanic families reported Spanish was the primary language spoken in their homes (90.4%). Among Hispanic groups, almost all parents living in Puerto Rico and Spanish-speaking mainland families spoke Spanish as the primary language in their homes while 81.4% of English-speaking mainland families also primarily spoke Spanish in their homes. Over one half of all Hispanic Head Start children were assessed in Spanish (56.1%) in the fall of 1997. This included almost all of the children living in Puerto Rico (98.0%), 72.9% of the mainland children with Spanish-speaking parents, and over one fourth of mainland children with English-speaking parents (29.1%).

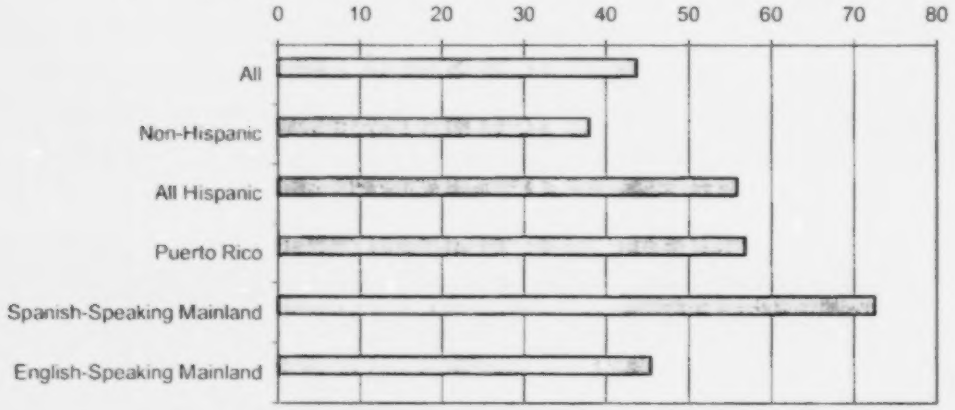
Exhibit 8-7
Percentage of Families that Speak Spanish in the Home and Children Assessed in Spanish



Marital Status and Household Size

As displayed in Exhibit 8-8, most Hispanic children enrolled in Head Start resided in families with married parents (55.9%). Proportionally, more Hispanic parents were married or married but separated than non-Hispanic families. The patterns of family structures were generally similar across the Hispanic groups, although more Spanish-speaking mainland Hispanic parents were married (72.5%) than English-speaking mainland Hispanic families (45.4%).

Exhibit 8-8
Percentage of Families with Two-Parent Households

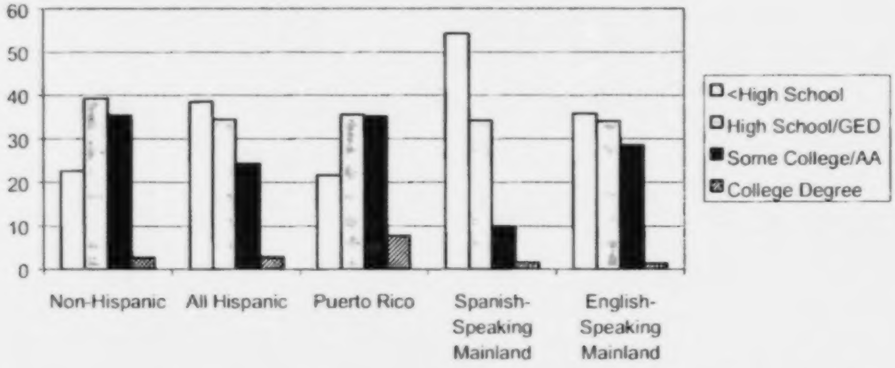


Hispanic families, on average, had only slightly larger households than non-Hispanic families. Hispanic families had an average of 4.7 persons (*SD* = 1.6) in the household compared to 4.5 (*SD* = 1.7) for non-Hispanic households. Among Hispanic groups, mainland Hispanic households were larger than households in Puerto Rico. On average, Spanish-speaking mainland households had 5.2 persons (*SD* = 1.7) and English-speaking mainland households had 4.6 persons (*SD* = 1.6) compared to 4.2 (*SD* = 1.0) per household in Puerto Rico.

Educational Attainment

As displayed in Exhibit 8-9, more than one third of Hispanic parents had not received a high school diploma or GED (38.5%), a higher proportion than non-Hispanic parents (22.6%). Fewer Hispanic parents had a high school diploma/GED (34.4%) and attended some college or received an AA degree (24.3%) than non-Hispanic families (39.3% and 35.4%, respectively). However, similar to non-Hispanics, 2.8% of Hispanic parents have attained a college degree or higher. Fewer Hispanic parents were working toward a degree (21.0%) than non-Hispanic parents (25.6%).

Exhibit 8-9
Educational Attainment



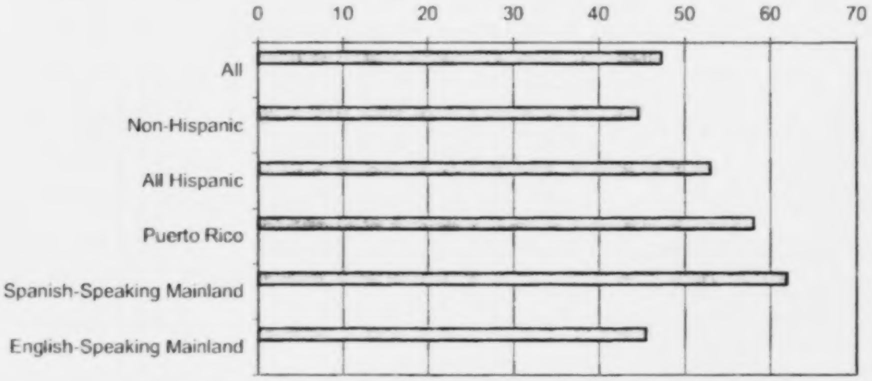
There was a large degree of variability across the Hispanic groups in terms of educational attainment. Over one half of Spanish-speaking mainland Hispanics (54.3%) had not received a high school diploma or GED compared to one third of English-speaking mainland Hispanics (35.8%). Similar to non-Hispanics, less than one fourth of parents who resided in Puerto Rico (21.6%) did not have a high school diploma. Attainment of a high school diploma or GED was fairly similar across the three groups, ranging from 34.0% to 35.5%. In terms of post-secondary education, proportionally more parents living in Puerto Rico had attended some college or received an AA degree (35.1%) than either mainland

Spanish-speaking (9.9%) and English-speaking parents (28.7%), and this proportion was comparable to non-Hispanic parents (35.4%). Interestingly, parents living in Puerto Rico were more than twice as likely to have a college degree or higher (7.8%) than non-Hispanics (2.7%). Fewer Spanish-speaking mainland Hispanics had attended some college or received a college degree (11.5%) than English-speaking mainland Hispanics (30.2%) or residents of Puerto Rico (42.9%). Similar proportions of the parents living in Puerto Rico and English-speaking mainland residents were working toward a degree (25.5%) compared to Spanish-speaking mainland residents (13.9%).

Employment

Less than one third of Hispanic parents (29.9%) were employed full-time and as seen in Exhibit 8-10, over one half of Hispanic parents (53.0%) were not employed. Proportionally more Hispanic parents were unemployed than non-Hispanics (44.7%) and fewer were employed full-time than non-Hispanics (36.4%). Among the Hispanic groups, proportionally more residents of Puerto Rico (58.0%) and Spanish-speaking mainland residents (61.9%) were not employed. However, English-speaking mainland residents appeared to be more similar to non-Hispanics, with fewer not employed (45.5%) and more employed full time (35.5%) or part time/seasonally (18.8%).

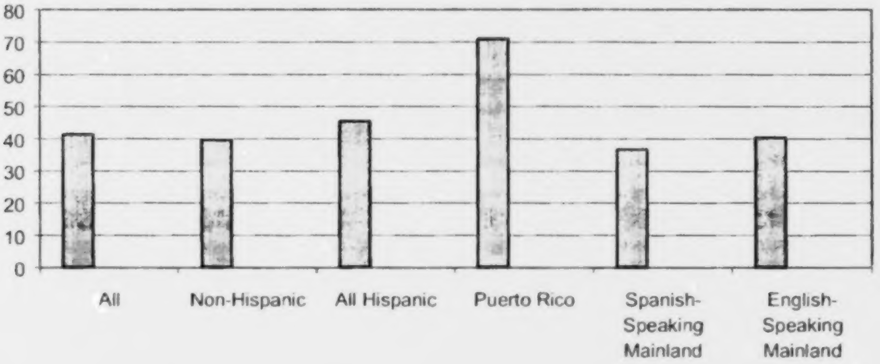
Exhibit 8-10
Percentage of Families Not Employed



Income and Other Sources of Support

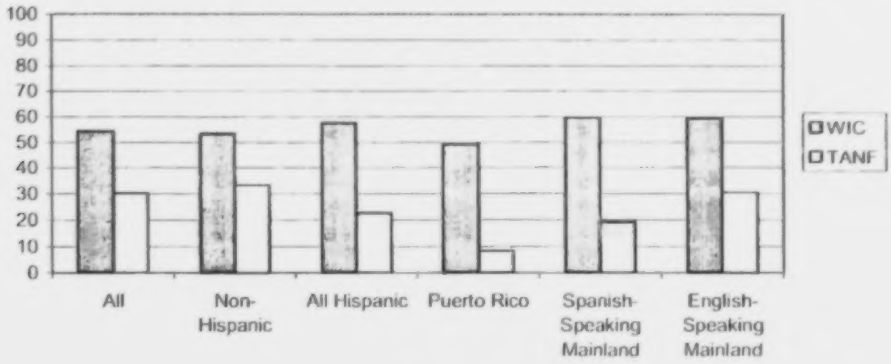
Exhibit 8-11 displays the percentage of families with monthly household incomes less than $1,000. Almost one half of Hispanic households had an income of less than $1,000 per month (45.6%), which was proportionally higher than non-Hispanic households (39.6%). Among Hispanic groups, although parents living in Puerto Rico reported higher levels of education, they proportionally had more households making less than $1,000 per month (71.1%) than any other group. Mainland Hispanic households were more comparable to non-Hispanic households in terms of monthly income, with 36.8% of Spanish-speaking households and 40.6% of English-speaking households making less than $1,000 per month.

Exhibit 8-11
Percentage of Families' Household Income <$1,000 per Month



Similar to non-Hispanics, more than one half of Hispanic families (57.6%) received financial assistance from the WIC program (see Exhibit 8-12). However, fewer Hispanic parents received TANF (22.6%) and SSI or SSDI benefits (4.5%) than non-Hispanic parents (33.3% and 13.9%, respectively). Among Hispanic groups, almost one half (49.2%) of parents living in Puerto Rico received assistance from the WIC program compared to almost 60% of mainland Hispanic parents. English-speaking mainland Hispanic families were fairly comparable to non-Hispanics in terms of the percentage who received TANF benefits (30.4%), while fewer Spanish-speaking mainland residents (19.2%) and even fewer residents of Puerto Rico (8.3%) received TANF benefits. Slightly over 5% of mainland English-speaking Hispanic families and families living in Puerto Rico received SSI or SSDI while fewer Spanish-speaking mainland families received SSI or SSDI (2.7%). Finally, fewer Hispanic children were covered by private health insurance (27.9%) or Medicaid (54.0%) than non-Hispanic children (34.5% and 59.7%, respectively). Spanish-speaking mainland children were much more likely (30.8%) to not receive any form of insurance coverage relative to children living in Puerto Rico (4.4%) and English-speaking mainland children (16.0%).

Exhibit 8-12
Percentage of Families' Receiving WIC and TANF Benefits



Housing

As shown in Exhibit 8-4, the majority of Hispanic families lived in private housing; however, more Hispanic parents (15.2%) lived in shared housing than non-Hispanic parents (11.4%), while fewer Hispanic parents (17.6%) lived in public housing than non-Hispanic parents (24.1%). Findings were generally similar among Hispanic groups, although fewer families living in Puerto Rico lived in shared housing (5.3%) and more Spanish-speaking mainland residents lived in shared housing (21.2%). However, more families who were residents of Puerto Rico lived in public housing (36.6%), while fewer Spanish-speaking mainland residents lived in public housing (8.2%).

8.2.3 Family Risk Factors

Exhibit 8-13 presents the percentage of Hispanic families with selected family risk factors that are aligned with factors identified in the Kids Count Data Book (Annie E. Casey Foundation,1999). As discussed earlier in Section II, Chapter 5 of this technical report, findings from recent research have pointed to the importance of looking at the multiplicative effects of selected risk factors in predicting negative outcomes for children.

The most prevalent risk found among Hispanic families was living in a household that was below the Federal Poverty Level (FPL) (70.2%). Approximately two fifths of Hispanic children also had a mother who did not complete high school (40.8%) or lived in a single parent household (40.7%). Compared to non-Hispanic families, Hispanic families were proportionally more likely to have a mother who did not complete high school (40.8% vs. 24.5%), household income below the FPL (70.4% vs.

62.4%), and to have a child not covered by health insurance or Medicaid (24.0% vs. 15.8%). Hispanic families were less likely than non-Hispanic families to be living in single parent households (40.7% vs. 57.7%), households with no parents with a job (22.0% vs. 27.0%), and households receiving TANF benefits (22.6% vs. 33.3%). Among Hispanic groups, families living in Puerto Rico (88.2%) were proportionally more likely than other Hispanic groups and non-Hispanics to have household incomes below the FPL. Almost twice as many parents living in Puerto Rico (30.8%) reported living in households with no parent working than mainland Spanish-speaking families (15.2%). About one fourth of mainland English-speaking families (22.6%) lived in households with no parent working. The profiles for mainland Hispanic families looked fairly similar. Both Spanish- and English-speaking mainland Hispanic families were more likely than non-Hispanic families to have monthly household incomes below the FPL (65.2% and 66.3% vs. 62.4%, respectively), mothers who did not receive a high school diploma or GED (55.0% and 39.4% vs. 24.5%, respectively), and had no medical insurance coverage for their children (30.7% and 22.6% vs. 15.8%, respectively). In terms of maternal education and children's health insurance coverage, Spanish-speaking mainland families were proportionally more at risk than English-speaking families.

Exhibit 8-13
Percentage of Families with Selected Risk Factors for Child Development

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*=2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Risk Factors						
Single parent household	52.8	57.7	40.7	44.3	23.6	49.7
Mother did not complete high school	29.4	24.5	40.8	22.7	55.0	39.4
Household income below FPL	64.9	62.4	70.4	88.2	65.2	66.3
No household parent with a job	25.6	27.0	22.0	30.8	15.2	22.6
Family receives welfare	30.3	33.3	22.6	8.3	19.2	30.4
Child not covered by health Insurance or Medicaid	18.2	15.8	24.0	17.2	30.7	22.6
Number of Risk Factors						
Family has zero risk factors	10.7	12.2	7.6	5.1	6.8	9.1
Family has one risk factor	23.8	23.6	24.9	28.9	30.0	20.2
Family has two risk factors	25.8	24.0	30.0	31.6	29.6	29.6
Family has three risk factors	19.1	18.6	19.8	20.5	18.5	20.3
Family has four or more risk factors	20.6	21.7	17.6	13.9	15.0	20.8

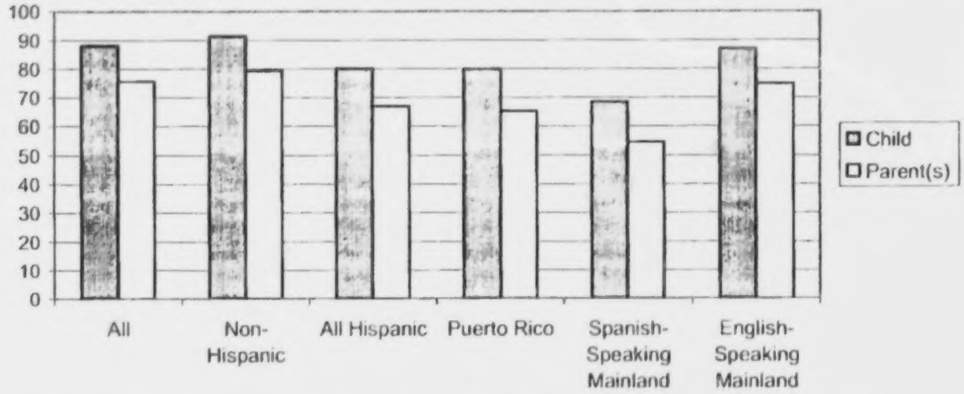
Risk factors taken from Kids Count Data Book, 1999.

As noted earlier, increases in the number of risk factors, particularly counts of four or more risks, increase the likelihood of negative child outcomes. Exhibit 8-13 also shows the percentage of Hispanic families with four or more risk factors. Results indicate that 17.6% of Hispanic families had four or more risk factors, which was fewer than non-Hispanic families (21.7%). Among Hispanic groups, the highest proportion of families with four or more risks were English-speaking mainland families (20.8%), followed by Spanish-speaking mainland families (15.0%) and families living in Puerto Rico (13.9%), although all were lower proportionally than non-Hispanic families.

8.2.4 Health Care

As displayed in Exhibit 8-14, the majority of Hispanic families had regular health care providers for their children (80.1%) and themselves (66.9%). However, proportionally, more non-Hispanics had regular health care providers for their children (91.6%) and themselves (79.4%) than Hispanic families. Among Hispanic groups, English-speaking mainland Hispanic families were the most likely to have regular health care providers for their children (87.1%) and themselves (74.9%), with families living in Puerto Rico having slightly lower proportions (80.0% and 65.3%, respectively). Spanish-speaking mainland Hispanic families were least likely to report having regular health care providers for their children (68.7%) and themselves (54.6%). Almost one third of children of Spanish-speaking mainland Hispanic families did not have regular health care providers, and almost one half of these families did not have regular health care provider for the parents.

Exhibit 8-14
Percentage of Families' with Regular Health Care Providers for Children and Parents



More than one half of Hispanic families received routine care from a private doctor or HMO for their children (58.8%), while one half received routine care for themselves through a private doctor or HMO (50.1%). However, proportionally more Hispanic families received routine care from non-private sources for their children and themselves (38.9% and 45.3%, respectively) than non-Hispanic families (29.3% and 30 .8%, respectively). The majority of the non-private sources of care Hispanic families received were from public health departments or community health centers. Similarly, among the Hispanic groups, most families indicated that their children received medical care through a private doctor or HMO (52.9% to 63.6%). However, more than one third of mainland Hispanic families (35.3% English-speaking and 39.3% Spanish-speaking) and almost one half of the families living in Puerto Rico (47.1%) received care for their children from non-private sources. While most mainland Hispanic families also indicated that the parents received care from a private doctor or HMO (50.7% English-speaking and 53.9% Spanish-speaking), most families in Puerto Rico indicated that the parents received care at a non-private health care source (56.9%). The majority of non-private sources of care for children and parents in Puerto Rico were public health departments, while mainland Hispanics relied more often on a combination of public health departments, community health centers, or hospital outpatient centers.

8.2.5 Child Care

As indicated in Exhibit 8-15, prior to their children's enrollment in Head Start, 40.3% of Hispanic families reported that they used regular child care (10 hours a week or more), proportionally lower than non-Hispanic families (53.9%). Similar to non-Hispanic families, Hispanic families, on average, started this care when the children were about 14 months old (*SD* = 12.0) and the number of arrangements per week ranged from 1 to 10, with a mean of 1.7 arrangements (*SD* = 1.4). Among Hispanic groups, almost one half of the families living in Puerto Rico (45.4%) and English-speaking mainland Hispanic families (48.3%) reported they used regular child care prior to their children's enrollment in Head Start. Proportionally fewer Spanish-speaking Hispanic families (23.9%) reported they used regular child care prior to their children's enrollment in Head Start. While fewer Spanish-speaking mainland Hispanic families had their children in regular care prior to Head Start, on average, these children started child care later than other Hispanic groups. Children from Spanish-speaking mainland Hispanic families, on average, entered child care at 18.6 months (*SD* = 14.7), while children living in Puerto Rico began at 9.8 months (*SD* = 9.5). English-speaking mainland Hispanic children began at 14.0 months (*SD* = 11.4), similar to non-Hispanics.

Once their children were enrolled in Head Start, 26.1% of Hispanic families reported using child care before or after their children's time in the Head Start classroom, slightly lower, proportionally, than non-Hispanic families (29.9%). The number of arrangements per week used by Hispanic families again ranged from 1 to 3, with a mean of 1.1 arrangements (*SD* = 0.2). Non-Hispanic families reported, on average, using 1.2 arrangements per week (*SD* = 0.4). Similar to all Hispanic families as well as non-Hispanics, more than one fourth of the families living in Puerto Rico and English-speaking mainland Hispanic families (26.0% and 31.0%, respectively) reported using regular child care before or after their children's participation in Head Start. Proportionally fewer Spanish-speaking Hispanic families (18.2%) reported they used regular child care before or after their children's time in Head Start. Families living in Puerto Rico and Spanish-speaking mainland families, on average, had one arrangement per week (*SD* = 0.2 and *SD* = 0.0, respectively) while English-speaking mainland Hispanic families had 1.1 arrangements (*SD* = 0.3).

Exhibit 8-15
Child Care Use

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*= 2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n* = 30)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Child Care Prior to Head Start	49.9	53.9	40.3	45.4	23.9	48.3
Mean age started	13.8	13.9	13.9	9.8	18.6	14.0
Mean number of arrangements	1.6	1.7	1.7	1.7	1.3	1.9
Child Care Before/After Head Start	28.9	29.9	26.1	26.0	18.2	31.0
Mean number of arrangements	1.2	1.3	1.5	1.0	1.0	1.7
Types of Child Care:						
Child care center	14.5	16.5	8.4	12.2	11.3	6.0
Family day care	9.3	10.3	6.2	25.6	0.0	1.9
Non-relative's home	14.1	13.6	16.1	18.1	25.2	12.2
Relative's home	27.7	29.4	23.2	38.7	5.5	24.3
In home by non-relative	5.3	4.3	8.3	0.0	28.5	3.9
In home by relative	17.9	16.9	20.5	5.4	29.4	22.4
At Head Start	10.4	8.4	16.3	0.0	0.0	27.6

Similar to non-Hispanic families, the most frequent type of child care arrangements used by Hispanic families during their children's enrollment in Head Start was care in a relative's home (23.2%). Another 20.5% of Hispanic families used care by a relative in their own home. In addition, Hispanic families (16.3%) were almost twice as likely as non-Hispanic families (8.4%) to receive care for their children before or after their children's time in the Head Start classroom. The types of child care arrangements varied among the Hispanic groups. The most frequent type of arrangement used by parents in Puerto Rico and English-speaking mainland parents was care in relatives' homes (38.7% and 24.3%, respectively). In addition, approximately one fourth of parents living in Puerto Rico (25.6%) used family day care settings, whereas 22.4% of English-speaking mainland families had care in their homes by relatives. Spanish-speaking mainland families used care in relatives' homes (5.5%), much less than either families living in Puerto Rico (38.7%) or English-speaking mainland families (24.3%). Instead, Spanish-speaking mainland families most often used care in their homes by relatives (29.4%), followed closely by in home care by a non-relative (28.5%) and care in non-relatives' homes (25.2%). Finally, more than one fourth of English-speaking mainland families used Head Start as a source of care for their children (27.6%) before and after the Head Start day, while no families living in Puerto Rico or Spanish-speaking mainland families reported Head Start as a source of child care.

Less than one third of Hispanic families (31.2%) reported that their child care providers were licensed, certified, or regulated compared to 39.8% of non-Hispanic families. Among Hispanic groups, 42.6% of English-speaking mainland Hispanic families had their children in licensed, certified, or regulated care compared to 18.3% of families living in Puerto Rico and 11.3% of Spanish-speaking mainland families.

8.2.6 Family Activities with Children

As displayed in Exhibit 8-16, the combined total for weekly and monthly activities indicated that Hispanic families engaged in a mean of 5.9 activities (*SD* = 2.4) with children, out of a possible 14 activities. Weekly activities made up most of that total, with a reported mean of 3.8 activities (*SD* = 1.7) of a possible seven, while a mean of 1.9 monthly activities (*SD* = 1.4) was reported, again out of a possible seven. Hispanic families, on average, reported being involved in slightly fewer weekly, monthly and total activities with their children compared to non-Hispanic families, but these differences were not significant. Among Hispanic groups, although the differences were not significant, English-speaking mainland families reported, on average, being involved in slightly more weekly, monthly, and total activities than families living in Puerto Rico or Spanish-speaking mainland families. English-speaking mainland families engaged in a mean of 6.0 combined weekly and monthly activities (*SD* = 2.5), comprised of an average of 3.9 weekly activities (*SD* = 1.7) and 1.9 monthly activities (*SD* = 1.5).

Exhibit 8-16
Average Family Activities with Children

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N* = 2,959)	Non-Hispanic (*n* = 2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n* = 130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Weekly activities	4.1	4.2	3.8	3.8	3.7	3.9
Monthly activities	1.9	2.0	1.9	1.9	1.7	1.9
Total	6.2	6.3	5.9	5.9	5.5	6.0

8.2.7 Social Support

In the fall of 1997, families were asked about the people or groups in their lives that were helpful to them in raising their Head Start children during the last six months. Exhibit 8-17 displays the percentages of parents who indicated various people and groups were somewhat or very helpful in raising their children as well as a summary score measuring total support[5]. Even at the beginning of the school year, a majority of Hispanic families found Head Start to be helpful (81.2%) along with other parents (79.5%) and relatives (78.5%). In terms of total support, Hispanic families were not different from non-Hispanic families. However, a closer look at the sources of support revealed that Hispanic families were proportionally much more likely to get help raising their child from other parents (79.5%) compared to non-Hispanics (62.9%), and much less likely to receive help from friends (54.8%) than non-Hispanics (68.0%). Hispanic families appeared to be proportionally less likely than non-Hispanics to have received help from Head Start, child care staff, and relatives, although they were, interestingly, slightly more likely to receive help from professional helpgivers (27.6%) than non-Hispanics (21.6%).

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[5] Summary support score is based on respondent's ratings of how helpful individuals were in helping them raise their Head Start children over the last six months. Each of nine categories of individuals was rated on a 3-point scale ranging from "not very helpful" to "very helpful." Summary scores ranged from 0 to 27, with higher scores representing more support (*M* = 13.5; *SD* = 5.2).

Exhibit 8-17
Social Support Reported by Parents – Percentage Reporting Support was Somewhat or Very Helpful

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N* = 2,959)	Non-Hispanic (*n* = 2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n* = 130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Head Start	87.1	89.8	81.2	95.4	69.8	82.5
Relatives	84.3	86.7	78.5	79.1	66.3	85.6
Other parent(s)	67.9	62.9	79.5	87.4	83.9	73.6
Friends	64.0	68.0	54.8	58.8	59.5	49.9
Religious/social group	46.5	47.4	44.5	57.3	36.6	44.1
Professional helpgivers	23.3	21.6	27.6	46.1	23.1	22.8
Child care staff	31.5	34.0	25.5	31.6	18.5	27.2
Co-workers	21.3	22.3	19.1	25.4	10.7	21.6
Summary Score	13.5	13.5	13.5	15.3	12.5	13.3

Social support received by families to raise their children varied among Hispanic groups. In terms of total support, families living in Puerto Rico had higher levels of support (*M* = 15.3; *SD* = 4.1), on average, than both mainland Hispanic groups as well as non-Hispanics. Spanish-speaking mainland Hispanic families had, on average, the least amount of total support (*M* = 12.5; *SD* = 3.4). In terms of sources of support, the majority of families living in Puerto Rico and English-speaking mainland Hispanic families reported that Head Start, relatives, and other parents were most helpful in raising their children. However, the majority of Spanish-speaking mainland families relied on spouses and other parents for support in raising their children (83.9%). Of particular interest, almost all of the families living in Puerto Rico indicated that Head Start was helpful to them in raising their children (95.4%) while 69.8% of Spanish-speaking families indicated Head Start was helpful. Likewise, English-speaking mainland families (85.6%) relied most on relatives as sources of support to raise their children while two thirds of Spanish-speaking mainland families (66.3%) relied on relatives.

8.2.8 Family Involvement in Head Start

Participation

As displayed in Exhibit 8-18, the most frequent activities that Hispanic parents participated in at least once were attending parent-teacher conferences (86.6%) and home visits by Head Start staff

(84.9%). In addition, more than two thirds of Hispanic families volunteered in the classroom (66.3%) or observed in the classroom for more than 30 minutes (70.1%). Hispanic families participated less than non-Hispanic families in terms of volunteering in the classroom (66.3% vs. 69.8%), preparing food or materials (59.7% vs. 68.8%), attending Head Start social events (50.6% vs. 57.5%), and calling other Head Start parents (22.8% vs. 34.2%). However, Hispanic families participated more than non-Hispanic families in fundraising (65.2% vs. 58.0%), parent-teacher conferences (86.6% vs. 79.7%), and workshops (60.2% vs. 52.7%). However, Hispanic families, similar to non-Hispanic families, participated in about seven activities at least once (*M* = 6.7; *SD* = 2.6) and in three Head Start activities (*M* = 3.3; *SD* = 2.9) three or more times during the year.

Exhibit 8-18
Participation at Head Start by Parents One or More Times

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*= 2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Volunteered in classroom	68.9	69.8	66.3	83.2	57.5	68.8
Observed classroom	77.4	80.2	70.1	72.5	66.2	74.6
Prepared food or materials	66.1	68.8	59.7	67.0	51.0	68.2
Helped with field trips	51.0	51.7	48.9	70.2	40.9	47.4
Attended Head Start social events	55.6	57.5	50.6	58.0	48.5	49.1
Attended workshops	54.8	52.7	60.2	84.0	59.7	45.8
Attended parent-teacher conferences	81.6	79.7	86.6	85.6	88.1	84.9
Had Head Start staff visit at home	83.1	82.2	84.9	79.1	87.6	84.3
Participated in Policy Council	36.0	36.6	34.6	48.8	26.3	38.2
Called another Head Start parent	30.8	34.2	22.8	31.1	19.9	21.9
Prepared newsletters, fliers, etc.	22.7	24.3	18.6	23.9	12.6	24.4
Participated in fundraising	60.0	58.0	65.2	78.5	58.2	67.2
Number of activities at Head Start	6.9	7.0	6.7	7.8	6.2	6.8
Participated 3+ times in activities	3.3	3.3	3.3	4.7	2.7	3.4

Among Hispanic groups, the average family living in Puerto Rico participated in more activities and more often than the average mainland Hispanic and non-Hispanic families. Families living in Puerto Rico participated, on average, in about eight activities during the year (*M* = 7.8; *SD* = 1.5) and about five activities (*M* = 4.7; *SD* = 3.0) three or more times a year. Compared to the other Hispanic groups, proportionally more families living in Puerto Rico volunteered in the classroom (83.2%), helped with field trips (70.2%), participated in Policy Council (48.8%), and participated in fundraising (78.5%) than mainland Hispanic Head Start families. Spanish-speaking mainland Hispanic families had proportionally lower overall participation rates than English-speaking mainland families on most activities.

Barriers to Participation

Exhibit 8-19 displays the most frequently reported barriers to participation by parents. For Hispanic families, work commitments (48.6%) and child care needs (40.0%) were the most frequently mentioned barriers to participation that parents faced. However, many Hispanic parents also identified school schedules (17.9%), transportation needs (17.8%), and lack of support from their spouses (17.8%) as barriers. Compared to non-Hispanic families, proportionally more Hispanic families indicated that their need for child care (40.0% vs. 28.2%), support from their spouses (17.8% vs. 10.5%), language or cultural differences (6.9% vs. 1.7%), and concerns for safety (5.1% vs. 1.8%) were barriers. Fewer Hispanic families (5.4%) indicated that health problems interfered with their participation in Head Start activities than non-Hispanic families (9.4%). Hispanic families reported, on average, slightly more total barriers than non-Hispanic families.

Among Hispanic groups, proportionally more Spanish-speaking mainland Hispanic families reported the need for child care (48.8%) and transportation (21.2%) as barriers than families living in Puerto Rico (30.2% and 12.7%, respectively) and English-speaking mainland Hispanic families (33.1% and 15.9%, respectively). As expected, higher proportions of Spanish-speaking mainland families reported language or cultural differences as a barrier (12.0%) as well as concerns for safety (7.6%) than families living in Puerto Rico (0.0% and 5.4%, respectively) and English-speaking mainland Hispanic families (1.1% and 1.7%, respectively). A higher proportion of families living in Puerto Rico reported a lack of spousal support (34.4%) and health problems (9.4%) than Spanish-speaking mainland families (16.3% and 4.0%, respectively) and English-speaking mainland Hispanic families (9.5% and 4.9%, respectively). However, the total number of reported barriers did not differ significantly among the Hispanic groups.

An apparent barrier for some Hispanic families was the differences in language and culture. While more Hispanic families indicated language and cultural differences as a barrier than non-Hispanics, other data indicates that almost all Hispanic families and children who needed someone at Head Start to speak their language had someone on the staff available to them. Specifically, 21.7% of Hispanic families indicated that their families needed Head Start staff to speak Spanish and 99.6% of these families reported having a Head Start staff who could speak to them in Spanish. Likewise, 19.7% of Hispanic families indicated that their child needed someone at Head Start who could speak Spanish to them and 98.9% of these parents indicated that Head Start had such a staff person. As expected, there was quite a bit of variability on these issues among Hispanic groups. For instance, 77.1% of Spanish-speaking mainland families indicated that their family needed someone at Head Start to speak Spanish compared to 26.9% of the English-speaking mainland families. No families in Puerto Rico indicated having this need.

Exhibit 8-19
Barriers to Parent Participation at Head Start

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N* = 2,959)	Non-Hispanic (*n* = 2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Work schedule interferes	55.9	58.8	48.6	47.1	40.2	62.2
School schedule interferes	18.9	19.3	17.9	25.3	11.7	22.4
Need child care	31.5	28.2	40.0	30.2	48.8	33.1
Need transportation	17.2	16.8	17.8	12.7	21.2	15.9
Lack support from spouse	12.5	10.5	17.8	34.4	16.3	9.5
Health problems interfere	8.3	9.4	5.4	9.4	4.0	4.9
Language or cultural differences	3.2	1.7	6.9	0.0	12.0	3.7
Concern for safety	2.7	1.8	5.1	5.4	7.6	1.1
Mean total number of barriers	1.7	1.7	1.8	1.7	1.8	1.7

Parent Satisfaction

The vast majority of Hispanic families were very satisfied with the Head Start program. Exhibit 8-20 presents the percentages of parents who reported they were very satisfied in eight areas and on an overall summary score[6]. At least 80 percent of the Hispanic families were very satisfied that Head Start helped their children grow and develop (88.1%), was open to new ideas (80.0%), respected their families' culture (88.4%), provided services for their children (84.6%), maintained a safe program (86.3%), and prepared their children for kindergarten (89.2%). A higher proportion of Hispanic families were very satisfied with Head Start compared to non-Hispanic families on 5 of the 8 areas (i.e., help their children grow and develop, staff open to ideas, services for their children, preparing children for kindergarten, and fostering community involvement) as well as the total summary score.

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[6] Summary satisfaction score is based on respondents' reports of how satisfied (Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied) they were with Head Start in regard to the 8 items displayed in Exhibit 8-5. Summary scores ranged from 8 to 32, with higher scores representing more satisfaction ($M = 29.2$; $SD = 3.7$; $Mdn = 31.0$).

Exhibit 8-20
Parent Satisfaction with Head Start – Percent Reporting They Were Very Satisfied

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N* = 2,959)	Non-Hispanic (*n* = 2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n* = 130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Help child grow and develop	86.5	85.9	88.1	91.9	90.3	82.2
Open to ideas	77.9	76.9	80.0	78.3	84.7	73.9
Respect family culture	88.1	87.9	88.4	88.1	90.8	84.7
Services for child	83.4	82.9	84.6	87.2	83.9	84.2
Services for family	63.4	62.6	65.8	71.7	68.6	57.8
Maintain a safe program	88.3	89.0	86.3	90.0	89.4	79.4
Prepare child for kindergarten	84.6	82.7	89.2	86.8	92.9	85.1
Foster community involvement	58.5	55.2	66.9	74.1	74.0	51.6
Summary satisfaction	29.2	28.9	29.5	29.7	30.0	28.6

Among Hispanic groups, a higher proportion of families living in Puerto Rico and Spanish-speaking mainland Hispanic parents were very satisfied across the eight areas than English-speaking mainland Hispanic families. For instance more than 90% of families living in Puerto Rico and Spanish-speaking mainland Hispanic families were very satisfied that Head Start helped their children grow and develop compared to 82.2% of English-speaking mainland families. Also, at least 74% of families living in Puerto Rico and Spanish-speaking mainland families were very satisfied that Head Start fostered community involvement while slightly over one half of English-speaking mainland families (51.6%) were very satisfied. However, at least 85% of all Hispanic groups felt very satisfied with Head Start's role in preparing their children for kindergarten as well as respecting their families' culture. In terms of the total satisfaction score, Spanish-speaking mainland Hispanic families were more satisfied than English-speaking mainland families, although the differences between mainland Hispanic families and families in Puerto Rico were not significantly different.

8.2.9 Summary

If current trends continue, Hispanic children may become the largest ethnic group enrolled in Head Start over the next decade. This section focused on describing all Hispanic children and their families as a group and began to describe the variations among Hispanic groups. The findings from this section indicate that, as a group, Hispanic families and children in Head Start differ from non-Hispanic families in several areas:

Characteristics of All Hispanic Families

- Over one half of Hispanic parents were foreign born and, on average, these parents had lived in the U.S. for more than ten years.
- Over 90% of Hispanic families reported Spanish was the primary language spoken in their homes and over one half of Hispanic children were assessed in Spanish.
- More Hispanic children live in households with both parents. Over one half of Hispanic Head Start children lived in households with married parents.
- Compared to non-Hispanic parents, more Hispanic parents did not have a high school degree or GED, were unemployed, and were living in poverty. Almost two fifths of Hispanic parents had not received a high school degree or GED, over one half of Hispanic parents were not employed, and almost three quarters of the Hispanic households' incomes fell below the Federal Poverty Level. Despite these insecurities, less than one fourth of Hispanic families received TANF benefits and less than 5 percent received SSI or SSDI benefits, although more than one half received WIC benefits.
- Compared to non-Hispanic families, more Hispanic families had no health insurance coverage for their children and no regular health care provider. Close to one fourth of the Hispanic children were not covered by health insurance or Medicaid. In addition, almost one fifth of Hispanic families did not have a regular health care provider for their children while one third of parents did not have a regular provider.
- Despite many of these challenges, fewer Hispanic families had multiple family risks than non-Hispanic families. Less than one fifth of Hispanic Head Start families had four or more risk factors that have been associated in the literature with negative outcomes for children.
- Fewer Hispanic parents reported using child care and having child care providers that were licensed, certified or regulated than non-Hispanic families. More than two fifths of Hispanic Head Start families reported using child care before their children entered Head Start and more than one fourth reported using child care since their children began Head Start. More than twice as many Hispanic families used Head Start for child care before or after the Head Start day than non-Hispanic families.

- Compared to non-Hispanic caregivers, Hispanic caregivers received more helpful support in raising their child from their spouse and other parents as well as professional helpgivers and less support from friends, co-workers, Head Start staff, and other child care staff.
- Hispanic families participated in fewer Head Start activities and reported more barriers to participation than non-Hispanic families, although they were more satisfied with the Head Start program.

The data presented also demonstrates that Hispanic families, as a group, were heterogeneous, diverse and dynamic. The section found significant variations among the three Hispanic groups identified based on ethnic- and language-minority status - families living in Puerto Rico, Spanish-speaking mainland families, and English-speaking mainland families - and highlights the importance of understanding variations among Hispanic groups. It also raises the question of whether understanding the variations among Hispanic families is perhaps more important or more reliable than seeking to understand the "average" Hispanic family for a program like Head Start. Some of these findings are highlighted below.

Characteristics of Families from Puerto Rico

Hispanic residents of Puerto Rico are the majority ethnic group in their culture and speak the dominant language of the culture (i.e., Spanish), comparable to non-Hispanic Whites in the mainland culture. Having ethnic- and language-majority status in a culture may produce certain advantages over other groups. However, the findings from these data were paradoxical.

- More parents living in Puerto Rico had received a high school degree or GED and more had attended college or received an AA or BA than other Hispanic families. More than three quarters of parents living in Puerto Rico had a high school degree or GED and more than two fifths attended some college or received a degree.
- However, compared to other Hispanic families, more parents living in Puerto Rico were unemployed and living in households that were below the Federal Poverty Level. Almost three fifths of parents living in Puerto Rico were not employed and over four fifths of the households had an income below the Federal Poverty Level.
- Compared to other Hispanic families, fewer families living in Puerto Rico had multiple family risks associated with negative outcomes for children. Just over one out of ten households reported having four or more family risks.
- Families living in Puerto Rico appeared to be more reliant on public systems of support for housing and health care than other Hispanic families. Over one third of Puerto Rico residents were living in public housing. Almost one half of families living in Puerto Rico reported receiving care for themselves and their children from non-private sources of care.

- However, compared to other Hispanic families, fewer families living in Puerto Rico received income assistance such as TANF or WIC. Less than one out of ten families reported receiving TANF benefits and less than one half received WIC benefits.

- More families living in Puerto Rico reported having a child with one or more disabilities than other Hispanic families. Almost one third of Head Start children residing in Puerto Rico were reported to have one or more disabilities.

- Caregivers residing in Puerto Rico had the highest levels of social support for raising their children, particularly from Head Start, their spouse and other parents, as well as relatives.

- Families living in Puerto Rico had the highest levels of involvement in Head Start activities and satisfaction with Head Start.

Characteristics of English-Speaking Mainland Hispanic Families

English-speaking mainland Hispanics are ethnic minorities in the overall culture of the U.S., but are able to communicate in the dominant or majority language (i.e., English). Findings from this section appear to indicate that being able to communicate in the dominant language may afford some protective benefits to mainland Hispanics but may also be related to increased risks to this group, possibly a result of acculturation into the mainstream culture. In many ways these families appear to be experiencing the benefits and risks of bridging their ethnic Hispanic culture along with acculturating into the majority culture.

- While most of these parents can communicate in English, more than four fifths still spoke Spanish as the primary language in their home.

- More English-speaking mainland Hispanics in Head Start had single parent households than other Hispanic families. One third of these families were single parent households.

- English-speaking mainland Hispanic families in many areas were more similar to non-Hispanic Head Start families than other Hispanic families. For instance, fewer were unemployed and living below the Federal Poverty Level and yet more were receiving public assistance than other Hispanic families. Less than one half of these families were unemployed and about two thirds had a household income below the Federal Poverty Level. However, almost one third of these families received TANF benefits.

- However, compared to other Hispanic families, more English-speaking mainland Hispanic families had multiple family risks associated with negative outcomes for children. Just over one fifth of these families reported having four or more family risks.

- Also compared to other Hispanic families, more English-speaking mainland Hispanic Head Start families reported using child care and having providers that were licensed, certified or regulated, including using Head Start for child care. Almost one half of Hispanic Head Start families reported using child care before their child entered Head Start and almost one third reported using child care since their child began Head Start. Almost one half of these families reported that their current care providers were licensed, certified or regulated. In addition, more than one fourth of these families used Head Start for child care before or after the Head Start day.

Characteristics of Spanish-Speaking Mainland Hispanic Families

Spanish-speaking mainland Hispanics have both ethnic- and language-minority status in the culture of the U.S. This may confer certain disadvantages on this group as well as unique ways of coping with these adversities. Specifically:

- Compared to other Hispanic families, more Spanish-speaking mainland Hispanic parents did not have a high school degree or GED and fewer had attended some college or were working toward a degree. More than one half of Spanish-speaking mainland families had less than a high school degree or a GED while less than one in ten had pursued some college or received an AA degree. Just over one in ten reported that they were currently working toward a degree.

- More Spanish-speaking mainland Hispanics families included both parents than other Hispanic families. Almost three fourths of Spanish-speaking mainland families include married parents.

- More Spanish-speaking mainland Hispanic families had an unemployed parent but fewer had a household with no parent working than other Hispanic families. Over three fifths of these families had an unemployed parent; however, only 15.2% had households with no parents working.

- Compared to other Hispanic families, more Spanish-speaking mainland Hispanic families in Head Start were not able to cover their children with health insurance or Medicaid or had a regular health care provider for their children or themselves. More than one third of these families did not have medical insurance covering their children. More than two thirds of Spanish-speaking families did not have a regular health care provider for their children and over one half of these families did not have a regular health care providers for the parent(s).

- However, Spanish-speaking mainland Hispanic families had fewer multiple family risks associated with negative outcomes for children than English-speaking mainland families, but had more risks than families living in Puerto Rico. Just over 15% of Spanish-speaking mainland Hispanic families reported having four or more family risks.

- Spanish-speaking mainland families reported similar levels of income to non-Hispanics. However, fewer Spanish-speaking mainland Hispanic Head Start families reported receiving TANF than other Hispanic families. Less than two thirds of the Spanish-speaking mainland families earned incomes that fell below the Federal Poverty Level. However, less than one fifth reported receiving income assistance through TANF.

- Fewer Spanish-speaking mainland families reported using child care than other Hispanic families, but those that did reported using more child care provided in their home and unlicensed child care. Less than one fourth of these families reported using child care prior to their children entering Head Start and less than one fifth reported using it while their children were at Head Start. Unlike other Hispanic groups, over three fifths of Spanish-speaking mainland families reported using care provided in their home. Just over one in ten families reported their child care providers were licensed, certified or regulated.

- Spanish-speaking Hispanic caregivers residing in the U.S. reported the lowest levels of social support for raising their children and relied most on their spouses and other parents for that support. The majority of Spanish-speaking caregivers reported receiving helpful support in raising their Head Start children from Head Start staff, as well as their relatives, but relied most on support from their spouses or other parents.

- Finally, Spanish-speaking Hispanic families residing in the U.S. participated in fewer Head Start activities and reported more barriers to participation, although they also voiced greater satisfaction with the Head Start program.

Exhibit 8-4

Characteristics of Hispanic Children and their Families

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*= 2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Urbanicity						
Urban	66.6	57.9	86.4	100.0	79.4	85.1
Rural	33.4	42.1	13.6	0.0	20.6	14.9
Region						
Midwest	22.9	29.8	7.1	0.0	17.1	3.8
Northeast	15.7	16.2	14.5	0.0	12.8	21.5
South	38.8	38.0	40.4	100.0	27.5	24.2
West	22.6	16.0	38.0	0.0	42.6	50.5
Gender of Child						
Male	50.3	50.7	49.6	61.2	45.2	47.7
Female	49.7	49.3	50.4	38.8	54.8	52.3
Age of Child						
3 years old	31.6	33.2	27.4	39.2	21.4	26.4
4 years old	68.4	66.8	72.6	60.8	78.6	73.6
Child Birthweight						
Normal	85.7	85.3	86.5	85.7	84.6	87.9
Low	7.7	8.0	7.3	10.6	7.0	6.1
Very low	1.8	1.6	2.4	0.0	2.5	3.4
One or More Disabilities	19.3	20.6	16.8	32.7	7.3	16.1
Age of Parent						
Less than 20 years old	2.5	2.5	2.6	2.8	0.0	4.0
21-29 years old	53.1	54.6	49.8	45.2	49.9	51.7
30-39 years old	32.4	30.3	37.1	38.4	41.2	34.0
40 and older	11.7	12.4	10.2	12.6	8.3	10.3
Mean age	30.2	30.6	30.1	30.4	30.9	29.4

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*= 2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Nativity of Parent						
Born in country other than U.S.	19.2	5.5	52.0	7.7	97.1	42.5
Less than 5 years in U.S.	11.6	19.6	9.5	0.0	11.7	7.2
Five or more years in U.S.	88.2	79.5	90.4	100.0	88.2	92.6
Mean years lived in U.S.	11.1	12.1	10.9	11.8	9.4	12.8
Language						
Spanish language in home	30.6	5.4	90.4	98.8	99.7	81.4
Child assessed in Spanish	16.7	0.1	56.1	98.0	72.9	29.1
Marital Status						
Married	43.1	37.9	55.9	56.9	72.5	45.4
Single, never married	33.7	37.3	24.3	15.5	15.8	33.0
Divorced or widowed	13.5	16.4	6.9	12.8	1.6	7.7
Married, but separated	9.6	8.4	12.9	14.8	10.1	13.9
Education and Training						
Less than high school	27.5	22.6	38.5	21.6	54.3	35.8
High school diploma/GED	37.6	39.3	34.4	35.5	34.2	34.0
Some college/AA degree	32.1	35.4	24.3	35.1	9.9	28.7
College degree or higher	2.8	2.7	2.8	7.8	1.6	1.5
Vocational or trade school	41.7	44.2	36.4	52.0	21.4	39.1
Working toward degree	24.3	25.6	21.0	25.5	13.9	25.5
Employment Status						
Full-time	34.5	36.4	29.9	27.1	22.5	35.5
Part-time or seasonal	17.8	18.4	16.9	14.2	15.5	18.8
Not employed	47.3	44.7	53.0	58.0	61.9	45.5
Household Income						
$499 or less	11.8	11.6	12.1	32.2	6.4	7.4
$500-999	29.6	28.0	33.5	38.9	30.4	33.2
$1,000-1,499	24.8	25.1	24.2	18.7	28.6	23.7
$1,500-1,999	14.4	16.2	10.1	1.5	11.7	12.5
$2,000 or more	15.7	16.7	14.0	6.7	12.4	17.9

	Weighted Percentages					
				Types of Hispanic Families		
	All (*N*= 2,959)	Non-Hispanic (*n* =2,192)	All Hispanic (*n* = 767)	Puerto Rico (*n*=130)	Mainland Spanish-speaking (*n* = 195)	Mainland English-speaking (*n* = 442)
Housing Status						
Private housing	86.4	87.2	84.7	94.4	78.8	84.4
Shared housing	12.5	11.4	15.2	5.3	21.2	15.6
Transitional housing	1.1	1.4	0.1	0.3	0.0	0.0
Public housing	22.2	24.1	17.6	36.6	8.2	15.6
Sources of Support						
WIC	54.5	53.4	57.6	49.2	59.8	59.6
TANF	30.2	33.3	22.6	8.3	19.2	30.4
SSI or SSDI	11.0	13.9	4.5	5.3	2.7	5.2
Insurance Coverage						
Private insurance	32.6	34.5	27.9	34.2	21.7	29.1
MEDICAID	58.1	59.7	54.0	61.4	47.5	54.9
Regular Health Provider						
Child	88.2	91.6	80.1	80.0	68.7	87.1
Parent	75.7	79.4	66.9	65.3	54.6	74.9
Routine Care Provider (Child)						
Private doctor or HMO	66.3	69.4	58.8	52.9	63.6	54.8
Non-private doctor	32.1	29.3	38.9	47.1	39.3	35.3
Routine Care Provider (Parent)						
Private doctor or HMO	60.8	65.2	50.1	42.8	53.9	50.7
Non-private doctor	38.5	30.8	45.3	56.9	40.0	43.8

8.3 Overview of Grandparents as Primary Caregivers

Approximately five percent of the Head Start children (4.8%) were members of families where grandparents were designated as their primary caregivers. This section will present the characteristics of these families, information on how they function, and their relationship with the Head Start program. In the following sections, households where the grandparent was the child's primary caregiver may be referred to as "grandparent-led" or "grandparent-headed" households.

At the end of this section is Exhibit 8-21 that contains frequencies on demographic characteristics of children, parent and grandparent caregivers, and households. Frequencies are presented for all families in the sample and for families where a grandparent serves as the primary caregiver.

8.3.1 Characteristics of Grandparents as Primary Caregivers

Ethnicity

Ethnic differences were noted between children with grandparents as their caregivers and children in the overall sample. Exhibit 8-21 shows that almost one half of the children who had grandparents as primary caregivers were African American (46.0%). Only 9.3% of the children who had grandparents as primary caregivers were Hispanic, while the overall sample of children was 27.6% Hispanic.

Urbanicity and Region

Differences in the distribution of grandparents and non-grandparents as primary caregivers were minimal with respect to urbanicity and geographic region (Exhibit 8-21). In both groups, about two thirds of the families (66.9% all families, 68.4% grandparents as primary caregivers) lived in urban settings. Almost one half of the families with grandparents serving as primary caregivers lived in the South (49.4%), in contrast to 39.4% of the overall sample of families.

Gender and Age of Children

Exhibit 8-21 demonstrates that in families where grandparents were the primary caregivers, children were evenly split on gender (53.1% were boys), similar to the distribution in the main sample (50.4% were boys). Two thirds of the children (67.6%) in grandparent-led families were 4 years old, matching the proportion of 4-year-olds in the entire sample (68.3%).

Age and Nativity of Grandparents

As expected, grandparents as caregivers were older than other caregivers in the main sample of families (Exhibit 8-21). While more than one half of the caregivers in the main sample (55.6%) were under 30 years of age, all the grandparents who were caregivers were older than 30, and most were older than 40 (93.2%). The mean age of primary caregivers in the main sample was 30.2 years, while the mean age for grandparents who served as primary caregivers was 52.3 years. Three times as many primary caregivers in the main sample (18.7%) were born in a country other than the U.S. than grandparents who were primary caregivers (6.2%).

Marital Status

The sample of all caregivers and the subsample of grandparents as caregivers differed in two categories of marital status (Exhibit 8-21). While one third of all caregivers (33.7%) were single, never married, only 7.2% of the grandparents were reported to be in that category. In contrast, 38.8% of the grandparents were divorced or widowed, compared to only 13.5% of the caregivers in the main sample.

Education and Training

In general, grandparents who served as caregivers did not have as much education as other primary caregivers (Exhibit 8-21). While just more than one quarter (27.2%) of all caregivers had less than a high school diploma, almost two fifths (38.8%) of the grandparents who were caregivers did not complete high school. About one third (32.5%) of all primary caregivers reported attending some college or having an AA degree, while only 19.9% of the grandparents had a similar level of education.

Employment Status and Household Income

As shown in Exhibit 8-21, employment, either full-time or part-time, was greater among all caregivers (52.3%) than among grandparents who were caregivers (37.0%). Overall, the households in which grandparents served as primary caregivers had higher incomes than the overall sample of households (Exhibit 8-21). The proportion of all households with incomes under $1,000 was 41.4%, while only 29.8% of the households with grandparents as primary caregivers had incomes at this level. In contrast, while 30.1% of all households had incomes above $1,500, 41.5% of the households in which grandparents were primary caregivers had incomes above $1,500.

Other Sources of Support and Insurance Coverage

As shown in Exhibit 8-21, families in which grandparents were the primary caregivers were less likely than the overall sample of families to use WIC (44.6% vs. 54.5% for all families), but were more likely to use TANF (44.0% vs. 30.2%) as well as SSI or SSDI (28.3% vs. 11.0%). The proportions of children covered by private health insurance or by Medicaid were virtually identical across both groups of families.

Housing

Although Exhibit 8-21 indicates that the proportions of families living in private or shared housing were very similar for both the overall sample of families and families where grandparents served as the primary caregivers, the families in the overall sample were more likely to report living in public housing (22.2% vs. 14.6%).

Household Composition

Although grandmothers were identified as the primary caregivers of their grandchildren in 94.0% of the grandparent-headed households, a grandfather was also present in 42.1% of these households. Of the three grandfather-led households, grandmothers were present in two. Interestingly, in 6.4% of the grandmother-led households, a great-grandmother also lived with the family. The children's mothers were present in 21.8% of the grandparent-headed households. Of the non-household mothers, 36.0% rarely or never saw their children, 13.7% saw their children several times a year, 19.7% saw them several times a month, and 20.0% saw their children several times a week or daily. The children's fathers were present in only 8.1% of the grandparent-headed households. Of the non-household fathers, 38.5% rarely or never saw their children, 13.2% saw them several times a year, 23.9% several times a month, and 19.8% saw their children several times a week or daily. There were only three grandparent-headed households where the children's mothers and fathers both resided.

Data were not always available to indicate why the parents were not designated as caregivers. It was reported that in grandparent-headed households, 1.1% of non-household mothers and 2.0% of the non-household fathers were in the military. Unfortunately, 11.4% of the non-household mothers and 10.6% of the non-households fathers were reported to be in prison. Additionally, when grandparents were asked if anyone in the household had been arrested or charged with a crime since the birth of the Head Start child, they reported 16.6% of the children's mothers and 20.2% of the children's fathers had been involved in the criminal justice system. In contrast, among other caregiver-headed households, only 4.8% of the mothers and 16.9% of fathers were reported to have been arrested or charged with a crime.

8.3.2 Functioning of Families with Grandparents as Primary Caregivers

This section presents information gathered from the parent interviews about the functioning of the Head Start families who had grandparents identified as the primary caregivers. For the purpose of this section, "grandparent" refers to grandparents identified as the primary caregivers of the Head Start children.

Social Support

In the spring of 1998, grandparents were asked about the people or groups in their lives who were helpful to them during the previous six months in raising their Head Start grandchildren. Almost all of the grandparents (92.0%) reported that Head Start was helpful (15.5%) or very helpful (76.5%) as a source of support. Overall, Head Start was considered slightly more helpful than other relatives (79.2%) and much more helpful than their grandchildren's parents (55.9%), people from religious or social groups (53.8%), friends (45.5%), professional helpgivers (31.8%), child care staff (15.1%), or co-workers (15.5%).

Based on a summary variable measuring total support[1], grandparents reported receiving significantly less overall support in raising their grandchildren than parents who were caregivers, $t(2538) = 2.56$; $p = .02$. Compared to parents who were caregivers, grandparents reported receiving much less support from friends (45.5% vs. 65.8%), child care staff (15.1% vs. 32.6%), and co-workers (15.5% vs. 21.6%). Interestingly, a larger proportion of grandparents (53.8%) reported religious or social group members as a source of support in raising their Head Start children than did parents (46.4%).

Psychological Well-Being

Depression among Head Start grandparents was measured using the CES-D Depression Scale[2] (Radloff, 1977). Overall, most grandparents were classified as not depressed (42.4%) or mildly depressed (26.8%). Still, more than one quarter of these grandparents were classified as either moderately depressed (9.8%) or severely depressed (17.2%). Reported depression did not vary significantly between grandparents as caregivers and parents as caregivers; however, a slightly larger proportion of grandparents were classified as severely depressed (17.2%) compared to the parent caregivers (11.5%).

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[1] Summary support score is based on respondents' ratings of how helpful individuals were in helping them raise their Head Start children over the past six months. Each of nine categories of individuals was rated on a 3-point scale ranging from "not very helpful" to "very helpful." Summary score ranges from zero to 27, with higher scores representing more support. $M = 13.5\%$; $SD = 5.2$.

[2] The CES-D Scale (12-item version) measures levels of depression among parents. Score range zero-36. Zero-4 = Not depressed; 5-9 = Mildly depressed; 10-14 = Moderately depressed; 15 or more = Severely depressed. $M = 7.2$; $SD = 6.7$.

Involvement With Their Grandchildren

Grandparents were asked about their families' activities with their grandchildren during the week and month prior to the spring 1998 interview. Almost all of the grandparents (94.4%) reported that they or another family member read to the children during the past week. Over one third of the children (36.2%) were read to every day, while 28.2% were read to three or more times, and 30.0% were read to once or twice during the week prior to the interview. A very small proportion, 5.6%, reported they had not read to their grandchildren at all during the past week, slightly more than the 4.7% of parents as caregivers who reported not reading to their children. Grandparents also involved their grandchildren in a wide range of activities. No significant differences reported in the amount of activities with children were noted between families headed by grandparents or parents.

Child Behavior

Grandparents were asked to rate their grandchildren in several different areas, including their behavior and pre-reading skills. Compared to parents as primary caregivers, grandparents as caregivers indicated their grandchildren had more problem behaviors[3], $t(2516) = 3.33$; $p < .001$, including behavior that was more aggressive[4], $t(2536) = 2.05$; $p = .04$, hyperactive[5], $t(2534) = 2.91$; $p < .01$, and withdrawn[6], $t(2528) = 2.40$; $p = .02$. There was no significant difference between the reported emergent literacy of those children who were cared for by their grandparents or those cared for by their parents.

Neighborhood Environments

When asked in spring 1998 about their families' exposure to neighborhood and personal violence during the previous six months, compared to families headed by parents, grandparents were less likely to report exposure to crime, violence, and victimization. One fifth of families headed by parents (20.2%) reported seeing nonviolent crime in their neighborhoods and one fourth (25.2%) reported exposure to violent crime, while grandparents reported less exposure to nonviolent (12.1%) and violent crime (18.2%) in their neighborhoods. Victimization in the neighborhood was reported by 4.1% of the parent-headed households compared to only 1.0% of households headed by grandparents. Again, reports of having been victimized in their homes were higher for families headed by parents (3.8%) compared to less than one percent of grandparents (0.1%). Equal proportions of parents as caregivers (18.7%) and grandparents as caregivers (18.6%) knew individuals who were victims of a violent crime in their neighborhoods.

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[3] An adaptation of the Achenbach Child Behavior Checklist (Total Problem Behavior Index). Each of 12 behavior items, based on parent report, is rated on a 3-point scale ranging from "not true" to "very true or often true." Summary scores ranged from 0-24, with higher scores representing more frequent or severe negative behavior.

[4] A subscale of the Total Problem Behavior Index, each of four items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child hits and fights with other children, has temper tantrums, doesn't get along with others, and is disobedient at home. Subscale scores ranged from 0-8.

[5] A subscale of the Total Problem Behavior Index, each of three items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include parents' reports of whether child can't pay attention for long, is very restless, and is nervous, high-strung, or tense. Subscale scores ranged from 0-6.

[6] A subscale of the Total Problem Behavior Index, each of five items is rated on a 3-point scale ranging from "not true" to "very true or often true." Items include whether child is unhappy, worries, feels worthless, has difficulty making changes, or acts too young. Subscale scores ranged from 0-8.

8.3.3 Relationships with Head Start

This section presents information regarding how satisfied grandparents were with the overall Head Start program, the barriers to participation they faced, and how often they participated in program activities.

Involvement in Head Start

In the spring of 1998, grandparents were asked about the ways that they were involved in the Head Start program throughout the past school year. As demonstrated in Exhibit 8-22, over 70% of the grandparents reported observing in the classroom for at least 30 minutes (73.9%), preparing food or materials (71.2%), attending parent-teacher conferences (79.1%), and participating in home visits (93.3%). Slightly larger proportions of grandparents, compared to parents, prepared food and materials (71.2% vs. 65.7%), attended Head Start social events (63.5% vs. 55.0%) and workshops (59.1% vs. 55.6%), and participated in home visits (93.3% vs. 83.0%) and Policy Council (42.3% vs. 36.5%). Grandparents as caregivers were less likely than parents to volunteer (64.3% vs. 69.5%) and observe (73.9% vs. 77.6%) in the classrooms or help with field trips (44.8% vs. 51.8%).

Exhibit 8-22
Percentages of Grandparents as Primary Caregivers and Parents as Primary Caregivers Who Participated at Head Start during 1997-1998 School Year

	Weighted Percentages	
	Grandparents (*n* = 133)	Parents (*n* = 2,555)
Volunteered in classroom	64.3	69.5
Observed classroom for 30 minutes or more	73.9	77.6
Prepared food or materials	71.2	65.7
Helped with field trips	44.8	51.8
Attended Head Start social events	63.5	55.0
Attended workshops	59.1	55.6
Attended parent-teacher conferences	79.1	81.5
Had Head Start staff visit at home	93.3	83.0
Participated in Policy Council	42.3	36.5
Called another Head Start parent	32.6	31.5

	Weighted Percentages	
	Grandparents (*n* = 133)	Parents (*n* = 2,555)
Prepared newsletters, fliers, etc.	22.0	23.6
Participated in fundraising	62.0	61.2

Barriers to Participation

Grandparents were asked in the spring of 1998 if there were particular barriers that prevented them from participating as much as they would have liked at their grandchildren's Head Start programs. The four barriers to participation mentioned by over 10% of the grandparents were work commitments (34.7%), health problems (26.1%), need for child care (24.8%), and lack of transportation (12.9%). As expected, grandparents were almost four times more likely than parent caregivers to report health problems as a barrier to participation (26.1% vs. 7.4%), and slightly more likely to mention concerns for safety (3.3% vs. 2.8%) and a lack of opportunities (6.7% vs. 4.0%) as barriers. Compared to parent caregivers, grandparents were less likely to indicate that a need for child care (32.4% vs. 24.8%), competing school (9.22% vs. 19.9%) or work (34.7% vs. 56.0%) commitments, lack of transportation (12.9% vs. 17.5%), or language or cultural differences (0.4% vs. 3.3%) interfered with their ability to participate at Head Start.

Satisfaction with the Head Start Experience

Parents were asked how satisfied they were with Head Start's performance in eight different areas, including helping their children to grow and develop, preparing their children for kindergarten, and supporting their families' culture and background. Both parent-caregivers and grandparent-caregivers reported high satisfaction with their Head Start programs. Over 90% of the grandparents were "somewhat" or "very" satisfied with Head Start in 6 of the 8 areas displayed in Exhibit 8-23. While no significant difference in overall satisfaction with Head Start was found between grandparents or parents as caregivers, grandparent caregivers were more likely to be "very satisfied" with how Head Start was helping their grandchildren to grow and develop (89.1% vs. 86.3%), respecting their families' culture (94.0% vs. 87.5%), and providing services for the children (94.3% vs. 82.9%).

Exhibit 8-23

Grandparent Caregiver's and Parent Caregiver's Satisfaction with Head Start

	Weighted Percentages			
	Grandparents (*n* = 133)		Parents (*n* = 255)	
	Somewhat Satisfied	Very Satisfied	Somewhat Satisfied	Very Satisfied
Help children grow and develop	6.8	89.1	11.6	86.3
Open to new ideas	17.7	76.7	19.3	78.0
Respect family culture	6.0	94.0	10.1	87.5
Provide services for children	2.2	94.3	12.5	82.9
Provide services for family	18.0	63.5	16.8	63.1
Maintain a safe program	9.3	87.8	5.3	93.3
Prepare child for kindergarten	11.0	84.6	5.2	85.9
Foster community development	27.1	58.8	16.4	65.9

8.3.4 Three Generational Families

While close to 5% of the Head Start children lived in families headed by their grandparents, 13.7% lived in households where grandmothers, grandfathers, or both grandparents resided. Because primary caregivers were the focus of the FACES parent interview, little information is available about grandparents who were members of extended family structures, but not the primary caregivers of the children. However, two fifths of these three generational families were families of African American children (40.9%), one quarter were families of Hispanic children (24.8%), and one fifth were families of White children (20.1%). The family structures of almost two thirds of the three-generational families (64.1%) included mothers and grandmothers. More than one half of the grandparents in the household were employed (55.2%).

8.3.5 Summary of Findings on Families Headed by Grandparents

Findings from this section contribute to a more complete understanding of Head Start families who were headed by grandparents, including their involvement, perceptions, and satisfaction with the Head Start program. Highlights from Section 8.3 include:

Characteristics of Grandparents as Primary Caregivers

- Almost one half of the children who had grandparents as primary caregivers were African American and less than 10% were Hispanic. African American children as well as Hispanic children each comprised slightly over one quarter of the overall sample.

- Differences in the distribution of grandparents and non-grandparents as primary caregivers were minimal with respect to urbanicity and geographic region. About two thirds of the families lived in urban settings. Almost one half of the families with grandparents serving as primary caregivers lived in the South.

- Among families where grandparents were the primary caregivers, children were evenly split on gender, similar to the distribution in the main sample. Two thirds of the children in grandparent-led families were 4 years old, matching the proportion of 4-year-olds in the entire sample.

- Grandparents as caregivers were older than caregivers in the main sample of families. All the grandparents who were caregivers were older than 30, and most were older than 40. The mean age of primary caregivers in the main sample was 30.2 years, while the mean age for grandparents who served as primary caregivers was 52.3 years.

- Three times as many primary caregivers in the main sample were born in a country other than the U.S. than grandparents who were primary caregivers.

- In general, grandparents who served as caregivers did not have as much education as other primary caregivers. While just more than one quarter of all caregivers had less than a high school diploma, almost two fifths of the grandparents who were caregivers did not complete high school. About one third of all primary caregivers reported attending some college or having an AA degree, while only one fifth of the grandparents had a similar level of education.

- Employment, either full-time or part-time, was greater among all caregivers than among grandparents who were caregivers. Consequently, approximately three fifths of the grandparents were not employed compared to around one half of the other caregivers in the overall sample.

- The sample of all caregivers and the subsample of grandparents as caregivers differed in two categories of marital status. While one third of all caregivers were single, never married, only 7.2% of the grandparents were reported to be in that category. In contrast, two fifths of the grandparents were divorced or widowed, compared to only 13.5% of the caregivers in the main sample.

- Overall, the households in which grandparents served as primary caregivers had higher incomes than the overall sample of households. Two fifths of all households reported incomes under $1,000. Only 29.8% of the households with grandparents as primary caregivers had incomes at this level. In contrast, while slightly less than one third of all households had incomes above $1,500, two fifths of the households in which grandparents were primary caregivers had incomes above $1,500.

- Grandparent-led families were less likely than the overall sample of families to use WIC but were more likely to use TANF as well as SSI or SSDI. The proportions of children covered by private health insurance or by Medicaid were virtually identical across both groups of families.

Functioning of Families With Grandparents are Primary Caregivers

- Almost all of the grandparents reported that Head Start was helpful or very helpful as a source of support in raising their grandchildren. Overall, Head Start was considered slightly more helpful than other relatives and much more helpful than their grandchildren's parents, people from religious or social groups, friends, professional helpgivers, child care staff, or co-workers.

- Grandparents reported receiving significantly less overall support in raising their grandchildren than parents who were caregivers. Interestingly, a larger proportion of grandparents compared to parents reported religious or social group members as a source of support in raising their Head Start children.

- Almost all of the grandparents reported that they or another family member read to the children during the past week. Over one third of the children were read to every day. A very small proportion reported they had not read to their grandchildren at all during the past week, slightly more than the percentage of parents who reported not reading to their children.

- Grandparents also involved their grandchildren in a wide range of activities. No significant differences in reported amount of family activities with children were noted between families headed by grandparents or parents.

- Compared to parents as primary caregivers, grandparents as caregivers indicated their grandchildren had more problem behaviors, including behaviors that was more aggressive, hyperactive, and withdrawn.

- There was no significant difference between the emergent literacy of those children who were cared for by their grandparents or those cared for by their parents.

- Compared to families headed by parents, families headed by grandparents were less likely to report having been exposed to crime, violence, and victimization. Equal proportions of parents as caregivers and grandparents as caregivers knew someone who was the victim of a violent crime in their neighborhood.

- Victimization in the neighborhood was reported by 4.1% of the parent-headed households compared to only 1.0% of households headed by grandparents. Reports of victimization in their homes were slightly higher for families headed by parents (3.8%), compared to less than 1% of grandparent-led households.

Relationships with Head Start

- Over 70% of the grandparents reported observing in the classroom for at least 30 minutes preparing food or materials, attending parent-teacher conferences, and participating in home visits. Grandparents as caregivers were less likely than parents to volunteer and observe in the classrooms or help with field trips; however, they were more likely to serve on Policy Council.

- The four barriers to participation mentioned by over 10% of the grandparents were work commitments, health problems, need for child care, and lack of transportation.

- As expected, grandparents were almost four times more likely than parent caregivers to report health problems as a barrier to participation and slightly more likely to mention concern for safety and a lack of opportunities as barriers.

- Compared to parent caregivers, grandparents were less likely to report that a need for child care, competing school or work commitments, lack of transportation, or language or cultural differences interfered with their ability to participate at Head Start.

- Grandparents reported high satisfaction with their Head Start programs. While no significant difference was found between the overall satisfaction of grandparent or parent caregivers, grandparents were more likely to be "very satisfied" with how Head Start was doing with helping their grandchildren to grow and develop, respecting their families' culture, and providing services for the children.

Three Generational Families

- While close to 5% of the Head Start children lived in families headed by their grandparents, 13.7% lived in a household where a grandmother, grandfather, or both grandparents resided. The family structure of almost two thirds of the three-generational families consisted of a mother and a grandmother.

- Two fifths of these families had African American children, one quarter were families of Hispanic children, and one fifth were families of White children.

Exhibit 8-24

Characteristics of Grandparents as Primary Caregivers

	Weighted Percentages	
Demographic Characteristics	All (*N* = 3,120)	Grandparents (*n* =133)
Ethnicity		
African American	28.8	46.0
White	30.6	26.9
Hispanic	27.6	9.3
Native American	1.9	3.0
Asian	1.3	0.0
Other	8.7	14.2
Urbanicity		
Urban	66.9	68.4
Rural	33.0	31.6
Region		
Midwest	23.1	18.6
Northeast	15.5	11.9
South	39.4	49.4
West	22.0	20.1
Gender of Child		
Male	50.4	53.1
Female	49.6	46.9
Age of Child		
3 years old	31.7	32.4
4 years old	68.3	67.6
Child Birthweight		
Normal	85.8	64.6
Low	7.6	8.3
Very low	1.8	2.5
Age of Parent		
< 20 years old	2.5	0.0
21-29 years old	53.1	0.0
30-39 years old	32.4	5.9
40 and older	11.7	93.2

	Weighted Percentages	
Demographic Characteristics	All (*N*= 3,120)	Grandparents (*n* =133)
Education and Training		
Less than high school	27.2	38.8
High school diploma/GED	37.5	36.7
Some college/AA degree	32.5	19.9
College degree or higher	2.8	4.6
Vocational or trade school	41.8	38.1
Employment Status		
Full-time	34.5	29.8
Part-time or seasonal	17.8	7.2
Not employed	47.3	61.3
Household Income		
$499 or less	11.8	4.5
$500-999	29.6	25.3
$1,000-1,499	24.8	21.8
$1,500-1,999	14.4	20.0
$2,000 or more	15.7	21.5
Housing Status		
Private housing	86.4	82.9
Shared housing	12.5	15.8
Transitional housing	1.1	1.3
Public housing	22.2	14.6
Sources of Support		
WIC	54.5	44.6
TANF	30.2	44.0
SSI or SSDI	11.0	28.3
Marital Status		
Married	43.1	44.2
Single, never married	33.7	7.2
Divorced or widowed	13.5	38.8
Married, but separated	9.6	9.8

	Weighted Percentages	
Demographic Characteristics	All (*N* = 3,120)	Grandparents (*n* =133)
Mean age	30.2	52.3
Median age	28.0	51.0
Nativity of Parent		
Born in country other than US	18.7	6.2

	Weighted Percentages	
Demographic Characteristics	All (*N*= 3,120)	Grandparents (*n* =133)
Insurance Coverage		
Private insurance	32.6	32.6
MEDICAID	58.1	54.7

1.0 Introduction to Head Start Staff

1.1 Overview

For FACES, interviews were conducted with over 900 Head Start staff, including:

- Center Directors (CD);
- Classroom Teachers (CT)[1];
- Home Visitors (HV);
- Family Service Workers (FSW);
- Education Coordinators (EC);[2]
- Parent Involvement Coordinators (PIC);
- Social Service Coordinators (SSC); and
- Health Coordinators (HC).

These interviews were intended to provide information about the background of Head Start staff; their activities, goals, and priorities; and their roles in providing services to children and families. Head Start Program Directors also participated in discussions regarding the influence of recent revisions of the Head Start Program Performance Standards and federal and state welfare reform regulations on the operations of their local programs.

In recent years, the Head Start program has taken steps to improve the professional qualifications of the staff directly serving children. Since 1993, additional funds have been allocated each year to each program grantee to increase salaries and benefits for staff, particularly classroom teachers. In addition, Congress established goals for classroom teacher qualifications in the 1998 reauthorization of the Head Start Act, requiring a significant increase in the percentage of teachers holding academic degrees. The interviews conducted for this project provide a profile of Head Start staff in transition to a more advanced level of professionalism.

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[1] In some cases, a Classroom Teacher also served some of the administrative functions of a Center Director when a Center Director was not assigned to a center. Within this report, such teachers are referred to as Administrative Teachers.

[2] Under revised Head Start Program Performance Standards implemented in 1998, these four component coordinator titles were discontinued, although the functions of these positions were retained and redistributed across staff. Interviews with the Component Coordinators were completed in spring, 1997.

Research Questions

The contents of the staff interviews were guided by research questions related to staff qualifications, goals, and implementation of the program:

All Staff

- What are the levels of experience and education for Head Start staff in each position?
- What are the amounts and types of training provided to staff over the course of a program year?
- What are the internal program and external family and community factors that enhance or inhibit program/component effectiveness?

Center Directors

- What strategies are in place for involving families in center activities and decision making roles?

Classroom Teachers

- What are the relationships among program-based activities with parents and children and (a) family-child activities at home, (b) parent involvement, and (c) parent satisfaction with Head Start?

Center Directors and Classroom Teachers

- What is the level and type of communication with parents? What is the level and type of parent participation in program activities? What are the barriers to full parent participation in the Head Start program?
- What curricula are employed in classrooms? What activities are provided for children and how often are they provided? What are the most important elements of the program for children and parents?
- What are the most important elements of the program for children and parents?

Component Coordinators and Family Service Workers

- What are the staffing patterns and operational elements of each service component?
- What are the primary goals and philosophy of each service component?
- What community resources are available and how are they used by Head Start?

The staff interviews developed for FACES contained questions grouped around the topics displayed in Exhibit 1-1.

Exhibit 1-1
Contents of the Staff Interviews

Interview Section	Coordinators	FSW	CD	CT
Experience with Head Start	X	X	X	X
Educational background	X	X	X	X
In-service training (during the past year)	X	X	X	X
Program goals, philosophy, and priorities	X	X	X	X
Recruitment/enrollment	X	X	X	
Parent involvement with the program	X	X	X	X
Contact and communication with parents		X	X	X
Male involvement with the program	X		X	X
Barriers to parent participation	X	X	X	X
Curriculum and classroom activities		X	X	X
Home visits	X	X	X	X
Community resources and needs	X	X	X	X

In addition, Component Coordinator interviews included sections related to the activities within those domains, such as child recruitment and enrollment (Social Service Coordinators), educational strategies (Education Coordinators), parent support activities (Parent Involvement Coordinators and Family Service Workers), the Parent Policy Councils (Parent Involvement Coordinators), health risks and health needs of children (Health Coordinators), and the Health Services Advisory Committee (Health Coordinators).

1.2 Organization of Section III

Section III contains a description of the elements of the interviews and results of analyses of the information obtained from Head Start staff. Chapter 2 of this section provides information relating to the data collection, including instrument development and pilot testing, data collection procedures and staff, and the strengths and limitations of the research database. Chapter 3 includes data on program staffing patterns, staff experience, education, and training, compensation and benefits, and the primary goals of Head Start staff regarding families and children. Chapter 4 contains information on recruitment and enrollment, strategies and priorities for involving parents in program activities, communication with parents, and perceived barriers to full parent participation in the program. In addition, Chapter 4 covers educational curricula, staff priorities for children's experiences in the program, and classroom activities with children. The relationships between staff reports of program characteristics and parent reports of family-child activities in the home, parent involvement and parent satisfaction with the program are also presented.

2.0 Methodology

2.1 Overview of the Head Start Staff Interview Data Collection

Head Start staff were interviewed at each of the four data collection points: spring 1997, fall 1997, spring 1998, and spring 1999. Component Coordinators (including those responsible for Education, Parent Involvement, Social Services, and Health) for each of the participating programs were asked to participate in interviews in spring 1997, as were Center Directors from each of the centers involved in the project, and one teacher in each center where target children were in attendance. In fall 1997 and spring 1998, interviews were completed with additional Center Directors (those in the additional centers added for the 1997-98 program year and those who were unavailable for interviews in the spring of 1997) and all Classroom Teachers with target children in their classrooms (excluding those teachers who were interviewed earlier). In spring 1998, Program Directors participated in discussions regarding the new Program Performance Standards and the impact of welfare reform on their programs. Finally, in the spring of 1999, one Family Service Worker from each center in the study was interviewed.

2.2 The Instruments

The research team developed a set of staff interview instruments, with consultation from ACYF staff and the investigators of the Head Start Quality Research Centers (in place between 1995-2000). The Center Director, Coordinator, and Classroom Teacher interview protocols employed in the spring 1997 baseline data collection were modified for subsequent data collections based on interviewer feedback and a review of the information collected in the initial round. The staff interviews were designed to provide a profile of the demographic characteristics and activities of Head Start personnel. Spanish translations of staff interviews were prepared for use in Puerto Rico.

Copies of the interviews are provided in Appendix C and are available on the Internet at www.acf.dhhs.gov/programs/core/ongoing_research/faces/faces_instruments.html. Each of the staff interviews consisted of two main sections. The first section was common to all staff and provided information about 1) experience in early childhood education, as well as current and past Head Start programs; 2) education and degree field; 3) in-service training during the previous 12 months of employment; 4) characteristics of the job such as salary, benefits, and work hours and weeks; and 5) elements of the job related to satisfaction, including elements of the job considered to be important, barriers and constraints to job performance, and reasons for continuing to work for Head Start. The second section of each interview was tailored to the specific position for which the interview was being conducted.

For Classroom Teachers, the remainder of the interview covered the following:

- Frequency and type of contact with parents;
- Program goals for families and program success in achieving those goals;
- Frequency and purpose of home visits;
- Frequency and type of parent involvement in the classroom;
- Types of involvement by males in program activities;
- Barriers to parent participation in program activities;
- Curriculum and classroom activities; and
- Assessments of children's functioning and capabilities.

For Center Directors, the remainder of the interview covered:

- Frequency and type of contact with parents;
- Program goals for families and program success in achieving those goals;
- Frequency and purpose of home visits;
- Types of parent orientation activities;
- Strategies for involving parents in program activities;
- Parent meetings and involvement in center decision-making activities;
- Use of parent volunteers in the classroom, on parent committees, and other activities;
- Involvement by males in program activities;
- Curriculum and classroom activities;
- Activities related to children's transition to kindergarten; and
- An assessment of the types of community resources available to the center.

For the Education Coordinators, the remainder of the interview covered:

- Number and responsibilities of Education staff ;
- Number and content of education workshops for staff;
- Curriculum and education strategies for children; and
- Frequency and purpose of home visits.

For the Parent Involvement Coordinators, the remainder of the interview covered:

- Number and responsibilities of Parent Involvement staff;
- Number and content of parent education workshops and other support activities;
- Use of parent volunteers in the classroom, on parent committees and other activities; and
- Frequency and purpose of home visits.

For the Health Coordinators, the remainder of the interview covered:

- Number and responsibilities of Health staff;
- Number and content of health education workshops for staff;
- Number and content of health education workshops for parents;
- Health service activities and use of parents in health service activities;
- Frequency and purpose of home visits; and
- Health risk factors and health needs of children enrolled in their program.

For the Social Services Coordinators, the remainder of the interview covered:

- Number and responsibilities of Social Service staff;
- Procedures for development of Family Assistance Plans;
- Procedures for assignment and management of Family Service Workers; and
- Support activities for parents and an assessment of the types of community resources available to the program.

Finally, for the Family Service Workers, the remainder of the interview covered:

- Development of Family Needs Assessments and Family Assistance Plans;
- Caseload size and management;
- Frequency and type of contact with families;
- Family needs and risk factors; and
- Contacts with community service providers and referrals.

2.3 Site Team Staffing

Site visit teams were created specifically for each program. These teams were led by a site manager from either Abt or CDM, and included trained, experienced field interviewers. Local Head Start program staff or parents were hired temporarily to serve as On-site Coordinators. The responsibilities for each of the positions related to the staff interviews are described below.

- The **Study Coordinators** were senior staff from Abt and CDM who managed all site development activities with the programs, including materials development and all data collection logistics. Study Coordinators also supervised the training and work activities of the Site Managers, Field Interviewers, and On-site Coordinators.

- The **Site Managers**, who were members of the Abt or CDM research staff, each had primary responsibility for one or more specific sites. While in the field, they conducted the staff interviews and also coordinated the completion of the parent interviews, interviewed parents, and completed quality checks of the completed instruments before shipping them to Abt for data entry.

- The **On-site Coordinators** (OSC) were local Head Start staff or parents, who were nominated by the local program directors, and worked under the supervision of the Abt and CDM Study Coordinators. They distributed project information to staff and parents, recruited parents, scheduled both staff and parent interviews prior to the visits, and assisted with the collection of attendance data throughout the year. At the end of each round of data collection, the OSCs received a stipend for their work. The OSCs provided general logistical support for the visits, but did not conduct interviews.

Because the responsibility for conducting all staff interviews was assigned to the Site Managers, they attended two days of training in Washington, DC, and were trained to administer each of the staff interview instruments. Prior to each subsequent data collection, they received a single day of training. Information from the pilot test site visits and experience from previous work on a Descriptive Study of Head Start Health Services conducted in 1994 by CDM and Abt (Keane et al., 1996) provided the foundation for this training. Training manuals were provided that included study background information, interview protocols, general interviewing and confidentiality procedures, as well as specific field and administrative procedures.

2.4 Description of Data Collection Procedures

A site visit team was sent to most programs for a 1 to 2-week visit (one large program took 4 weeks to complete) to conduct the parent and staff interviews, child assessments, and both child and classroom observations, as well as to collect the case study data.

Head Start staff were interviewed privately in spaces arranged at their local Head Start centers. Completed interviews were quality checked for missing data and coding errors, corrected if necessary, and forwarded to Abt for processing. For each participating Head Start program, the Component Coordinators in the areas of Education (EC), Social Services (SSC), Parent Involvement (PIC), and Health (HC) were interviewed. Brief and informal discussions with Program Directors in spring 1998 provided some systematic information regarding the impact of the recent welfare reform activities as well as the impact of the implementation of the revised Head Start Program Performance Standards in January 1998. As a result of the Head Start Program Performance Standards' revision, Components were renamed as Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management. For this report, however, the original designations are retained.

For each participating Head Start center, the Center Director (CD) or Administrative Teacher (AT) was interviewed (Exhibit 2-1). The Center Director is the individual responsible for overall management of a Head Start center without any direct classroom responsibilities. In smaller centers, there is likely to be an Administrative Teacher who combines both center management and classroom responsibilities. Classroom Teachers were interviewed if any FACES target child was enrolled in their classroom.

Exhibit 2-1
Number of Staff Interviews Completed

Staff Member	Number Interviewed
Education Coordinators	38
Parent Involvement Coordinators	38
Social Service Coordinators	35
Health Coordinators	41
Center Directors[1]	145
Classroom Teachers	528
Family Service Workers	144

For this report, regional and urban-rural differences in staff responses were explored. In addition to the four regions in the lower forty-eight states, two programs in Puerto Rico (where approximately 5% of children enrolled in Head Start reside) were included in FACES. The responses from staff in the Puerto Rican programs were considered separately with regard to regional differences, but were included in the appropriate urban-rural cells.

Exhibit 2-2 indicates the number of interviewed individuals in each staff position by region and urbanicity[2] of the program. As shown, Head Start programs in the Southern section of the nation employed the largest number of interviewed staff in all positions. This distribution was consistent with the distribution of families and children enrolled in the program. About two thirds of the staff were employed by programs located in urban areas. Again, while some caution is required in the interpretation of rural or urban designation (see footnote), this distribution was consistent with the currently available information about the Head Start program derived from the annual Program Information Reports.

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[1] Some Center Directors served in that role for multiple centers within a program. In other cases, a Classroom Teacher also served some of the administrative functions of a Center Director when a Center Director was not available. Within this report, such teachers are referred to as Administrative Teachers. A total of 56 Administrative Teachers were interviewed as both Center Directors and Classroom Teachers and were counted in both Center Director and Classroom Teacher totals noted above.

[2] For each participating program, an "urbanicity" designator was assigned based on the address of the program's central office. Although individual centers in an "urban" program with numerous centers were actually located in rural areas, the overall program designation was retained for these centers.

Exhibit 2-2

Number of Staff Interviews by Region and Urbanicity

	Northeast	Midwest	South	West	Puerto Rico	Rural	Urban
Center Directors	9	18	34	25	3	22	67
Administrative Teachers	11	13	29	3	0	27	29
Classroom Teachers	34	129	172	119	18	125	347
Family Service Workers	18	38	55	27	6	47	97

3.0 Staff Background Characteristics

3.1 Overview

Head Start staff provided information about their experience with their current Head Start program, other Head Start programs and other early childhood programs, their educational background, and their recent training. Staff also provided information about their current jobs: salaries, benefits, satisfaction, constraints and concerns, and reasons for remaining with their current jobs.

3.2 Staff Experience with Head Start and Early Childhood Programs

Head Start staff demonstrated substantial loyalty to the program. Respondents were asked to provide their length of employment in their present Head Start programs, their total Head Start experience, and their total years of experience in the field of early childhood education. In addition, they were asked what previous positions they had held at their current program. For all interviewed staff, the average number of years of employment with their current Head Start programs was approximately 10 years (Exhibit 3-1). They reported an average of 2 additional years of employment at other Head Start programs, and an average of 5 additional years of employment in the field of early childhood education. In all positions except Family Service Worker (FSW), more than 78% of the staff reported prior experience in the field of early childhood education (ECE). Compared to staff in other positions, Parent Involvement Coordinators (PIC), Center Directors (CD)[1], and Education Coordinators (EC) tended to have longer tenures with their current Head Start programs (an average of 12.2, 11.7, and 10.3 years, respectively) as well as longer cumulative experience in the field of early childhood education (19.0, 19.6, and 20.2 years, respectively). In turn, Family Service Workers and Classroom Teachers (CT) reported the briefest tenures (7.6 and 8.1 years, respectively) and the least experience (10.8 and 14.1 years, respectively).

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[1] In some cases, a Classroom Teacher also served some of the administrative functions of a Center Director when a Center Director was not available. Within this report, such teachers are referred to as Administrative Teachers.

Exhibit 3-1
Staff Experience by Position

	Means (Standard Deviations)							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* =38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Years of experience in ECE[a]	20.2 (12.7)	17.4 (10.2)	19.0 (11.5)	16.9 (9.7)	10.8 (9.3)	19.6 (11.1)	15.8 (9.2)	14.1 (8.6)
Percentage with prior experience in ECE	78.9%	82.9%	89.5%	85.4%	40.1 %	84.2%	78.5%	83.9%
Years employed by Head Start programs	12.4 (8.4)	10.2 (7.4)	12.7 (8.4)	10.6 (8.4)	8.4 (8.2)	14.3 (9.4)	11.1 (9.0)	9.3 (8.2)
Years employed by current Head Start program	10.3 (8.6)	9.0 (7.3)	12.2 (8.7)	9.1 (7.9)	7.6 (7.5)	11.7 (8.9)	9.5 (8.2)	8.1 (7.3)

[a] Early Childhood Education

An examination of regional and urbanicity distributions for Center Directors and Classroom Teachers indicates that in the South these staff reported significantly more years of experience both in Head Start and in early childhood education. However, reported years of service in their current position as Center Director was not greater in the South than in other regions. (Exhibit 3-2). Center Directors in the South reported more experience at their current Head Start program, $F(3, 82) = 7.8$; $p < .01$[2], more total experience with the Head Start program, $F(3, 82) = 11.5$; $p < .01$, and more total experience in the field of early childhood education, $F(3, 82) = 9.2$; $p < .01$.

Exhibit 3-2
Center Director (excluding Administrative Teachers) Experience by Region and Urbanicity

	Means (Standard Deviations)						
	North-east (*n* = 9)	Mid-west (*n* = 19)	South (*n* = 34)	West (*n* = 24)	Puerto Rico (*n* = 3)	Rural (*n* = 22)	Urban (*n* = 67)
Years of experience in ECE	18.7 (11.3)	17.9 (10.6)	22.0 (13.3)	19.6 (10.5)	5.0 (1.4)	20.5 (11.8)	19.3 (11.4)
Percentage with prior experience in ECE	88.9%	88.9%	85.2%	84.0%	33.3%	77.3%	86.5%
Years employed by Head Start programs	12.9 (10.2)	12.2 (8.6)	16.7 (10.9)	14.2 (7.2)	4.7 (1.1)	15.5 (10.5)	13.9 (9.1)

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[2] In this section of the report, staff employed by centers in Puerto Rico are shown separately from staff on the mainland. Although the sample of interviewed staff in Puerto Rico was small, the characteristics of these staff were, in several cases, distinctly different from those on the mainland. Analyses of differences between Center Directors located in different regions do not include those from Puerto Rico (there were too few Center Directors for analysis).

	Means (Standard Deviations)						
	North-east (*n* = 9)	Mid-west (*n* = 19)	South (*n* = 34)	West (*n* = 24)	Puerto Rico (*n* = 3)	Rural (*n* = 22)	Urban (*n* = 67)
Years employed by current Head Start program	12.6 (10.3)	10.3 (7.5)	14.2 (10.0)	10.0 (7.6)	4.7 (1.1)	12.8 (8.8)	11.4 (9.0)
Years employed as Head Start Center Director	6.3 (8.0)	5.1 (3.8)	6.2 (5.8)	5.3 (5.1)	3.7 (1.1)	6.9 (5.4)	5.2 (5.2)

Furthermore, Center Directors and Classroom Teachers located in the South reported much greater differences between the years employed at their Head Start program and the years they have been employed in their current position than staff in other regions (Exhibit 3-3). In the South, over two thirds of Center Directors had previously been employed as teachers, and 45% of Classroom Teachers had been Assistant Teachers before being promoted. This result is in contrast to 37% and 21%, respectively, for all other regions combined.

Exhibit 3-3

Classroom Teacher (including Administrative Teachers) Experience by Region and Urbanicity

	Means (Standard Deviations)						
	North East (*n* = 45)	Mid West (*n* = 142)	South (*n* = 202)	West (*n* = 122)	Puerto Rico (*n* = 18)	Rural (*n* = 153)	Urban (*n* = 376)
Years of experience in ECE	11.1 (7.8)	13.4 (9.7)	16.4 (10.3)	13.5 (9.3)	10.3 (7.4)	13.5 (9.7)	12.9 (9.8)
Percentage with prior experience in ECE	91.1%	80.9%	80.2%	92.6%	55.5%	80.3%	84.6%
Years employed by Head Start programs	7.6 (7.4)	8.3 (7.9)	12.0 (9.5)	7.4 (6.1)	9.4 (7.1)	11.2 (9.1)	8.8 (7.9)
Years employed by current Head Start program	7.4 (6.7)	7.2 (7.5)	10.4 (8.3)	6.0 (4.6)	9.3 (7.1)	9.4 (7.6)	7.7 (7.3)
Years employed as Administrative Teacher/ Classroom Teacher	5.7 (4.9)	5.4 (6.2)	7.2 (7.5)	4.6 (3.9)	9.3 (7.1)	6.6 (7.1)	5.8 (6.0)

In contrast, Center Directors and Family Service Workers (Exhibit 3-4) in Puerto Rican centers, although based on small samples, reported strikingly shorter tenures at their current Head Start center and total years of experience in early childhood education than their mainland peers. Puerto Rican Classroom Teachers, however, reported having an equivalent amount of Head Start experience but somewhat less overall early childhood experience. Center Directors in Puerto Rico reported far less experience than the teachers who were employed in their centers.

For Center Directors and Classroom Teachers, there were no statistically significant differences observed with regard to urban-rural distinctions. However, the trends were consistent across all positions, as staff in rural Head Start programs reported greater experience at their current program, in Head Start programs overall, and for total early childhood education work experience. Family Service Workers located in rural areas did report significantly more experience at their current program, $t(143) = 3.5$; $p < .01$, in Head Start programs overall, $t(143) = 3.2$; $p < .01$, and for total experience in social work/case management than those in urban locations, $t(143) = 6.9$; $p < .01$.

Exhibit 3-4
Family Service Worker Experience by Region and Urbanicity

	Means (Standard Deviations)						
	Northeast (n = 18)	Midwest (n = 38)	South (n = 55)	West (n = 27)	Puerto Rico (n = 6)	Rural (n = 47)	Urban (n = 97)
Years of experience in ECE	11.1 (9.4)	11.2 (9.9)	12.1 (10.2)	10.1 (9.1)	3.2 (2.0)	13.3 (8.8)	9.7 (8.4)
Percentage with prior experience in ECE	47.1%	52.6%	22.2%	48.1%	66.7%	39.1%	42.1%
Years employed by Head Start programs	7.9 (7.2)	7.5 (7.6)	10.7 (9.7)	7.0 (5.8)	2.6 (1.6)	11.5 (8.6)	6.9 (7.5)
Years employed by current Head Start program	7.7 (7.2)	6.5 (6.7)	9.9 (9.0)	5.7 (4.5)	2.4 (1.4)	10.7 (7.9)	6.1 (6.8)
Years employed as Family Service Worker	7.1 (6.4)	5.9 (6.9)	5.9 (5.6)	4.1 (2.4)	2.4 (1.4)	10.7 (7.9)	6.1 (6.8)

3.3 Staff Education

The national Head Start program has devoted significant resources to increasing staff qualifications in recent years, focused in particular upon the educational achievement of Classroom Teachers. Specifically, the program has been mandated by Congress to increase the overall proportion of Head Start teachers with AA or BA degrees in early childhood education or a degree in a related field to

50% by 2003. Respondents were asked to indicate the highest grade they had completed, their degrees, the academic field for any degree held, whether they held a Child Development Associate (CDA) certificate, and whether they were currently working towards any further degree.

For each of the Component Coordinator positions, more than one half of those interviewed held a Bachelor's Degree or greater (Exhibit 3-5). Among that group, Education Coordinators, on average, had the highest levels of education and held the largest proportion of advanced degrees (41.7%). Just 2.9% of Parent Involvement Coordinators held such degrees and 35.3% of Parent Involvement Coordinators held no academic degree at all.

The Head Start Program Information Report (PIR) provides information reported yearly by all Head Start programs. There are several points where information collected from staff interviewed for FACES and the PIR data base overlap. Results related to achievement of academic degrees for component coordinators were strikingly consistent with the national data provided through the Head Start PIR (as shown in Exhibit 3-5). That is, the national data confirmed the high proportion of college degrees, particularly graduate degrees, attained by Education Coordinators. As well, the relatively lower percentage of Parent Involvement Coordinators holding baccalaureate and graduate degrees was confirmed. In Appendix C10, Exhibit A-16 provides a more complete summary of information for the 1997-98 program year for the programs that provided the sample frame for FACES.

Exhibit 3-5
Level of Education by Staff Position

	Means (Standard Deviations)							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Average years of education	16.3 (1.2)	15.6 (1.4)	14.7 (2.0)	15.3 (1.5)	14.3 (1.7)	15.2 (1.3)	14.1 (1.9)	14.4 (1.6)
% With no college degree	5.6	12.5	35.3	16.2	52.8	29.2	55.4	45.9
% With AA as highest degree	2.8	18.8	11.8	13.5	14.6	27.0	10.7	26.4
% With BA/BS as highest degree	50.0	53.1	50.0	58.7[a]	29.9	30.3	28.6	24.3
% With graduate degree	41.7	15.6	2.9	13.5	2.8	13.5	5.4	3.4
% With CDA	--	--	--	--	--	46.1	78.6	53.9
% With CDA or teaching certificate[c]	--	--	--	--	--	60.7	55.3	76.1

	Means (Standard Deviations)							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
1997-98 Head Start Program Information Reports (*n*=1815)	EC	SSC	PIC	HC				
% With BA/BS	44.0	43.9	37.2	42.3	--[b]	--[b]	--[b]	--[b]
% With graduate degree	35.6	19.0	8.9	12.2	--[b]	--[b]	--[b]	--[b]

[a] Includes nursing degrees

[b] Not provided by the PIR

[c] Includes preschool, elementary, and secondary school teaching certificates

As might be expected, Center Directors had achieved a higher level of education and more frequently had completed academic degree programs (70.8% including AA, BA, and graduate levels) than Administrative Teachers (44.7%), Classroom Teachers (54.1%), or Family Service Workers (47.3%). Among Center Directors, 30.3% had obtained bachelor degrees and an additional 13.5% had completed graduate degree programs. Over 90% of Center Directors with one or more college degrees (92.1%) had at least one degree in the areas of human development, child development, or early childhood education. Only 8.1% of Center Directors had not attended any college, while another 21.0% had attended college but not yet received degrees. In addition, 46.1% of Center Directors reported that they held CDAs.

Among staff that provided instruction in the classroom (Administrative Teachers and Classroom Teachers), 53.2% had obtained Associate degrees or higher and 53.9% had obtained CDAs. Of those with at least one academic degree, 59.4% were in the field of early childhood education (overall, 31.6% of Classroom Teachers held degrees in early childhood education). An additional 25.3% held degrees in general education, special education, or secondary education. Thus, 78.5% of classroom staff held degrees at the Associates level or higher in fields directly related to their employment. Overall, about 34.0% of Administrative Teachers and Classroom Teachers had attended some college but not yet achieved degrees, leaving only 13.2% of those groups who had not attended any college at all. Thus, almost all teachers had some college education. Nearly 40% of Classroom Teachers and one third of Administrative Teachers had 1-2 years of college; 37% of Classroom Teachers and 23% of Administrative Teachers had 3-4 years of college.

Classroom Teachers frequently had completed the requirements for a CDA, a teaching certificate, or both. In all, 21.5% of Classroom Teachers held CDAs alone, 22.5% held only teaching certificates, and 32.4% held both (thus, a total of 53.9% of Classroom Teachers held CDAs, and 76.4% held either CDAs *or* teaching certificates).

The PIR provides information about the academic achievement of all Head Start classroom teachers (which include both Administrative Teachers and Classroom Teachers as identified in FACES). Overall, the 1997-98 PIR indicates that 29.1% of all Head Start teachers (versus 31.6% of FACES teachers) held early childhood education degrees and that 49.7% (versus 53.9% in FACES) held CDAs. As with the Component Coordinators, these educational achievement data were consistent with information provided directly by the FACES Classroom Teachers.

Similar to the data on staff experience, staff education also varied by region and urbanicity (Exhibits 3-6, 3-7, and 3-8). Among Center Directors and Classroom Teachers, those located in the Northeast[3] had completed more years of education and obtained more degrees than in other regions. Center Directors in the Northeast reported completing an average of 16.4 years of school, $F(3, 82) = 14.3$; $p < .01$, and 88.9% reported having baccalaureate or graduate degrees, $\chi2 = 13.8$; $p < .01$. In turn, Classroom Teachers in the Northeast reported completing 15.4 years of education, $F(3, 524) = 8.7$; $p < .01$, and 62.2% reported having completed baccalaureate or graduate degrees, $\chi2 = 45.8$; $p < .01$. A higher percentage of Center Directors (33.3%) and teachers (13.3%) in the Northeast held graduate degrees than in other mainland regions. Notably, however, although the sample of staff interviewed in Puerto Rico was relatively small (3 Center Directors and 18 teachers), *all* Center Directors and all but one Classroom Teacher in Puerto Rico had Bachelor degrees.

A high proportion of Center Directors and Classroom Teachers in the Midwest also held academic degrees. Only 5.6% of Midwestern Center Directors held no college degree (the lowest non-degree percentage of any region), while 55.6% held Bachelor's (equal to the percentage of Northeastern CDs with such a degree) and 16.7% had completed graduate degrees. Among Classroom Teachers, over two thirds held college degrees, with one third having completed Bachelor's degrees and an additional 6.3% holding graduate degrees.

In contrast, over 40% of Center Directors in the South and West held no academic degree. Only 29.5% of CDs in the South held Bachelor's degrees or higher and only 20.0% of CDs in the West had obtained Bachelor's degrees or higher (Exhibit 3-6). Among classroom staff, just over one third of teachers in the South (34.2%) had obtained any college degree. In contrast, the proportion of Classroom Teachers who held CDAs was far higher in the South (71.8%) than in any other region of the nation (Exhibit 3-7).

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[3] For this analysis, Puerto Rico was excluded because of the small sample of CDs in that sample. Note, however, that all Puerto Rican CDs reported completion of a BA degree.

Exhibit 3-6

Center Director (excluding Administrative Teachers) Education by Region and Urbanicity

	Means (Standard Deviations)						
	North east (*n* = 9)	Mid-west (*n* = 18)	South (*n* = 34)	West (*n* = 25)	Puerto Rico (*n* = 3)	Rural (*n* = 22)	Urban (*n* = 67)
Average years of education	16.4 (0.6)	15.8 (1.1)	14.8 (1.3)	14.7 (1.3)	16.0 (0.0)	14.7 (1.5)	15.3 (1.2)
% with no college degree	11.1	5.6	41.2	40.0	0.0	45.5	23.9
% with Associate as highest degree	0.0	22.2	29.4	40.0	0.0	22.7	28.4
% with Bachelor's as highest degree	55.6	55.6	17.7	12.0	100.0	22.7	32.8
% with Graduate Degree	33.3	16.7	11.8	8.0	0.0	9.1	14.9
% with CDA	11.1	44.4	67.6	36.0	0.0	63.6	40.3

The pattern of regional PIR results is very consistent with the information reported by FACES respondents. For the 1997-98 PIR, a larger proportion of Classroom Teachers in the Northeast (49.2%) and Midwest (36.5%) were reported to have obtained academic degrees in early childhood education or related fields than, in particular, Classroom Teachers in the South (20.4%). A far greater percentage (64.2%) of Classroom Teachers in the South were reported to hold CDA credentials than teachers in other regions (48% or fewer).

Exhibit 3-7

Classroom Teacher (including Administrative Teachers) Education by Region and Urbanicity

	Means (Standard Deviations)						
	Northeast (*n* = 45)	Midwest (*n* = 142)	South (*n* = 202)	West (*n* = 122)	Puerto Rico (*n* = 18)	Rural (*n* = 153)	Urban (*n* = 376)
Average years of education	15.4 (1.5)	14.7 (1.5)	13.8 (1.6)	14.3 (1.4)	16.0 (0.3)	14.1 (1.7)	14.5 (1.5)
% with no college degree	24.4	33.1	65.8	46.7	0.0	56.9	42.8
% with Associate as highest degree	13.3	27.5	19.8	36.9	5.6	17.0	27.9
% with Bachelor's as highest degree	48.9	33.1	12.9	15.6	94.4	22.9	25.5
% with graduate degree	13.3	6.3	1.5	0.8	0.0	3.3	3.7
% with ECE degrees	53.4	34.5	23.8	34.4	94.4	28.5	36.3
% with CDA	40.0	43.0	71.8	32.0	94.4	45.8	51.1
1997-98 Head Start Program Information Reports	Northeast (*n* = 368)	Mid-West (*n* = 455)	South (*n* = 655)	West (*n* = 337)			
% with ECE degrees	49.2	36.5	20.4	28.9	--	--	--
% with CDA	31.1	48.0	64.2	29.4	--	--	--

For Family Service Workers (Exhibit 3-8), the pattern was somewhat different than for Center Directors and Classroom Teachers. Again, all staff interviewed in Puerto Rico held college degrees: five held Bachelor's degrees and one held a graduate degree. Among the mainland regions, Midwestern Family Service Workers reported having completed the greatest number of years of education ($M = 15.1$), $F(3, 140) = 9.8$, $p < .01$, and the greatest percentage had obtained at least baccalaureate degrees, $\chi 2 = 43.4$, $p < .01$. Again, Family Service Worker staff employed by programs in the South reported a lower level of education ($M = 13.6$ years) and a smaller proportion (25.4%) held academic degrees.

Exhibit 3-8

Family Service Worker Education by Region and Urbanicity

	North-east (n = 18)	Mid-west (n = 38)	South (n = 55)	West (n =27)	Puerto Rico (n =6)	Rural (n =27)	Urban (n =6)
Average years of education	14.3 (1.6)	15.1 (1.6)	13.6 (1.5)	14.3 (1.9)	16.3 (0.5)	14.0 (1.8)	14.5 (1.7)
% No college degree	61.1	29.0	74.6	48.2	0.0	57.5	50.5
% Associate as highest degree	5.6	21.1	10.9	22.2	0.0	14.9	14.4
% Bachelor's as highest degree	33.3	44.7	12.7	29.6	83.3	27.7	30.9
% Graduate degree	0.0	5.3	1.8	0.0	16.7	0.0	4.1

Generally, educational differences between staff in rural and urban areas were not as striking, although staff of urban programs tended to have completed more grades and hold more academic degrees. For Center Directors, there were significant differences. Over three quarters (76.1%) of those employed in urban programs reported holding degrees compared to only 54.5% of those working in rural areas, $\chi2 = 6.8$; $p < .01$ (Exhibit 3-6). Similarly, 57.1% of Classroom Teachers in urban programs held at least Associate degrees, while only 43.2% of rural teachers met that criterion, $\chi2 = 8.1$; $p < .01$ (Exhibit 3-7). No significant differences in educational level were observed for Family Service Workers.

3.4 Head Start-Sponsored Training for Staff

Head Start programs set aside time for staff training throughout the year. All interviewed staff were asked about the types of training received, the utility of the training provided by Head Start, the total number of hours of training they received, and, across a variety of topics, how those hours of training were distributed. Exhibit 3-9 indicates the formats for staff training offered by Head Start as reported by classroom staff. The most common format (96% reported participating "sometimes" or "often" in this format) involved in-service training sessions or workshops conducted at the Head Start program. Such training often occurred off-site as well, while actual classes or courses taught at an outside location occurred less frequently. Less than half of the classroom staff reported use of a resource library made available by the program, while ongoing feedback from supervisors was reportedly quite common. Among the classroom staff, 66.4% rated the training they received from Head Start as "very helpful," and another 31.5% indicated it was "somewhat helpful."

Exhibit 3-9
Training Formats Offered by Head Start[a]

Training Format	Unweighted Percentages (*n* = 529) Offered Sometimes	Offered Often
Training sessions and workshops on site	20.0	76.0
Training sessions and workshops at outside locations	44.4	43.6
Courses/classes at outside locations	28.8	36.0
Resource library made available by the program	21.6	24.8
Ongoing supervision and feedback by their supervisor	17.6	75.2

[a] Administrative Teacher and Classroom Teacher reports

For each staff position, responses to questions about hours of training varied substantially, from less than 10 hours to greater than 400 hours. In order to provide stable and realistic estimates of the total time for training and the proportions of that time devoted to specific topics, the top and bottom 5% of each staff category were excluded from the results shown in Exhibits 3-10, 3-11 and 3-12 (as well as Exhibits A-1, A-2, and A-3 contained in Appendix C10).

Senior Head Start staff, as might be expected, reported the greatest numbers of training hours during the previous 12 months (more than 100 hours, on average) while Classroom Teachers and Family Service Workers reported an average of 69 and 73 hours of training, respectively, during the year. In total, Center Directors reported receiving the largest amount of training (*M* = 140.6 hours).

Exhibit 3-10
Hours of Staff Training (during past 12 months) by Position

	Means (Standard Deviations) EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Reported hours of training in past 12 months	128.3 (99.3)	104.9 (76.7)	133.0 (89.3)	121.7 (87.8)	73.1 (50.6)	140.6 (99.2)	103.0 (67.2)	68.6 (54.3)

By region, staff located in the West reported, on average, a greater total amount of training (*M* = 101.3 hours) than other mainland regions. In particular, Center Directors (*M* = 206.7 hours) in the West reported the greatest amount of training. In turn, Classroom Teachers located in Puerto Rico reported more hours of training (*M* = 121.5 hours) than Classroom Teachers in any mainland region (Exhibit 3-11). Center Directors and Administrative Teachers in urban programs reported greater numbers of hours of training than their rural counterparts.

Exhibit 3-11

Hours of Staff Training (during past 12 months) by Position, Region, and Urbanicity

	Means (Standard Deviations)						
	North-east	Mid-west	South	West	Puerto Rico	Rural	Urban
Center Directors (*n* = 89)	102.0 (91.0)	106.2 (75.2)	124.3 (81.9)	206.7 (115.6)	109.7 (93.9)	103.6 (71.4)	153.8 (104.7)
Administrative Teachers (*n* = 56)	96.9 (60.3)	89.0 (51.8)	113.4 (78.9)	92.5 (40.3)	--	89.5 (45.1)	113.5 (79.7)
Classroom Teachers (*n* = 473)	66.1 (41.2)	58.3 (51.0)	60.9 (46.0)	83.5 (61.5)	121.5 (75.3)	70.8 (54.8)	67.7 (54.1)
Family Service Workers (*n* = 144)	61.2 (29.2)	77.4 (54.2)	71.2 (46.0)	83.2 (66.3)	45.2 (27.0)	78.1 (52.5)	70.7 (49.8)

Exhibit 3-12 provides a summary of the percentage of training reported by topic for staff in each position. That is, each staff member reported hours of training received by topic, and the percentage of training associated with each topic was computed by dividing those hours by the total hours of training reported. Administration/program management and Head Start principles and practices received considerable attention across all positions, ranging from a total of 22.9% for Education Coordinators to 14.5% for Health Coordinators. As might be expected, the remaining topics varied by staff position. Education Coordinators, Center Directors, Administrative Teachers, and Classroom Teachers each reported receiving over 22% of their training in the areas of child development and educational programming. Social Service Coordinators received 8.5% of their training in the area of case management services to families and another 8.0% on child abuse and neglect. Parent Involvement Coordinators received 12.8% of their training in the area of involving parents in program activities and another 7.0% on case management services to families. Health Coordinators received a significant amount of training in the areas of children's health issues (12.8%) and family health issues (11.8%).

Finally, Family Service Workers reported receiving 8.6% of their training on services for children with special needs and an additional 7.7% in the area of substance abuse.

Exhibit 3-12
Staff Training by Position

Area of Training	Unweighted Percentages of Total Training Received						
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)
Child development	**14.8**[a]	5.6	6.3	**7.2**	7.1	**15.0**	**16.3**
Educational programming	**9.8**	4.2	3.8	2.9	4.3	**7.3**	**10.9**
Child assessment and evaluation	4.5	1.4	1.4	4.6	3.7	4.6	6.4
Children's health Issues	3.7	4.1	3.9	**12.8**	5.3	4.1	5.6
Family health issues	4.1	5.8	**7.3**	**11.8**	3.5	6.2	**7.6**
Mental health issues	5.7	6.2	3.4	6.1	3.8	4.0	4.5
Bilingual education	0.6	0.8	0.5	0.2	0.5	1.5	0.5
Multi cultural sensitivity	4.0	4.1	1.8	4.1	2.8	3.0	2.5
Domestic violence	1.6	5.0	3.6	3.7	6.6	3.2	2.5
Child abuse and neglect	3.8	**8.0**	4.2	4.2	3.4	4.0	5.6
Substance abuse	1.1	3.5	3.6	2.3	**7.7**	2.6	1.8
Family Needs Assessment	0.7	4.6	5.7	1.8	4.2	2.5	1.8
Services for children with special needs	5.2	2.8	2.6	6.7	**8.6**	5.8	4.2
Case management services to families	0.6	**8.5**	**7.0**	2.7	6.0	3.0	1.3
Working with other agencies	3.2	5.6	4.2	3.2	4.9	3.0	2.3
Involving parents in program activities	5.1	4.8	**12.8**	2.3	3.7	5.1	6.6
Behavior management	3.6	2.0	1.7	4.4	1.0	3.4	5.7
Providing supervision to staff	**7.2**	5.4	3.9	4.8	2.0	6.3	3.7
Administration/ program management	**12.2**	**7.4**	**7.2**	5.6	**8.0**	**7.2**	5.0
Head start principles and practices	**10.7**	**9.3**	**13.5**	**8.9**	**10.7**	**7.9**	**10.4**

[a] Boldface indicates percentages greater than or equal to 7 %.

3.5 Characteristics of Head Start Employment

Head Start staff provided information about the characteristics of their employment, including salary (provided by each program office for Center Directors, Administrative Teachers, and Classroom Teachers; Family Service Workers provided the information during their interview), benefits, children attending (past and present), job constraints, and reasons for continuing employment at Head Start.

Not surprisingly, Head Start staff salaries were relatively low when considering their responsibilities. Even Center Directors (*M* = $26,055) and Administrative Teachers (*M* = $21,280) earned less than $30,000 annually; Classroom Teachers (*M* = $17,322) and Family Service Workers (*M* = $17,310) were paid less than $20,000 yearly. Combining Administrative Teacher and Classroom Teacher data, the FACES classroom staff was reported to have an average annual income of $17,734. For Classroom Teachers, these results were close to those calculated from the 1997-98 PIR, where teachers were reported to earn an average income of $18,124. Furthermore, the regional patterns found in FACES data were replicated in the PIR. That is, salaries were highest in the Northeast and Midwest, somewhat lower in the West, and far lower in the South. Although Puerto Rico data were based on only small samples, reported salaries there were far lower than even in the Southern region of the mainland United States.

Exhibit 3-13
Reported Staff Salaries by Position, Region, and Urbanicity

	Means (Standard Deviations)						
	North-east	Mid-west	South	West	Puerto Rico	Rural	Urban
Center Directors (*n* = 89)	$29,511 (10,238)	$28,114 (9,712)	$23,485 (8,692)	$27,633 (8,923)	$19,321 (6,774)	$23,250 (7,935)	$28,862 (9,623)
Administrative Teachers (*n* = 56)	$22,924 (7,238)	$24,043 (8,423)	$19,433 (6,481)	$20,407 (6,420)	--	$21,834 (7,429)	$25,352 (8,838)
Classroom Teachers *n* = 473)	$19,371 (7,170)	$17,531 (6,971)	$16,692 (5,967)	$17,925 (6,392)	$14,028 (5,118)	$15,801 (5,735)	$20,394 (8,429)
Classroom Teachers (PIR)	$20,508 (7,350)	$18,327 (6,914)	$16,802 (6,914)	$17,857 (5,650)	--	--	--
Family Service Workers (*n* = 144)	$19,684 (6,159)	$18,691 (4,655)	$15,256 (3,499)	$19,135 (4,770)	$12,955 (991)	$14,785 (4,413)	$18,572 (4,567)

Head Start staff in all positions reported that they received a substantial benefits package. Over 80% of all staff reported receiving paid vacation, paid sick leave, maternity leave, family leave, health insurance, dental insurance, tuition reimbursement, and a retirement plan (Exhibit 3-14). In addition, significant numbers of Head Start staff (42.4% of all staff interviewed) have been or currently are Head Start parents.

Exhibit 3-14
Reported Benefits by Position

	Unweighted Percentages							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW[a] (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Paid vacation	86.8	87.5	89.5	100.0	--	84.1	75.8	83.2
Paid sick leave	100.0	92.7	100.0	100.0	--	94.5	97.3	94.0
Maternity leave	94.4	88.6	80.7	88.7	--	85.6	73.4	70.5
Family leave	91.2	86.5	75.0	90.9	--	83.2	70.3	71.9
Health insurance	100.0	95.1	100.0	100.0	--	97.9	98.2	97.0
Dental insurance	86.8	75.6	80.6	82.9	--	78.5	73.5	76.4
Tuition reimbursement	60.5	46.3	51.5	52.8	--	63.4	75.3	77.1
Retirement plan	92.1	90.2	86.8	91.4	--	93.1	81.2	86.0
Children currently attending Head Start	5.4	10.0	10.5	0.0	5.6	4.1	4.5	4.8
Children previously attended Head Start	16.2	40.0	32.4	34.3	51.7	44.4	35.7	33.1

[a] Family Service Worker interviews did not include questions on benefits received.

Over 90% of all staff reported receiving paid sick leave and health insurance. Surprisingly, supervisory staff reported receiving each of the remaining benefits mentioned in only slightly greater percentages than other staff. For example, almost 90% of staff in all categories reported participation in a retirement plan. In fact, a greater percentage of classroom staff (both Administrative Teachers and Classroom Teachers) reported the availability of tuition reimbursement benefits than Center Directors, Coordinators, or Family Service Workers. Greater than 70% of Head Start staff in all positions reported receiving dental insurance, family leave, and maternity leave.

On average, staff was paid for approximately 40 hours per week and worked 4 to 8 additional hours each week (Exhibit 3-15). In general, Component Coordinators and Center Directors reported greater amounts of unpaid overtime (ranging between a mean of 5.1 hours for Health Coordinators to a mean of 8.3 hours for Social Service Coordinators). Among the Coordinators, those responsible for family services and coordination of family activities spent more of their time in direct contact with families (36.7% of their time at work for Parent Involvement Coordinators and 31.1% for Social Service Coordinators). Center Directors and Classroom Teachers were typically paid for approximately 40 weeks each year while component coordinators were paid for an average of approximately 48 weeks per year.

Over 80% of all staff interviewed reported that they were "very likely" to continue working for Head Start over the following year and two thirds indicated that they were "very satisfied" working in the field of early childhood. While a significantly lower proportion of staff (46.4%) reported that they were "very satisfied" with their current employment, less than 5% indicated that they were actually "dissatisfied" with their job.

Exhibit 3-15
Reported Work Hours and Overall Job Satisfaction by Staff Position

	Means (Standard Deviations)							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW[a] (*n* = 144)	CD[a] (*n* = 89)	AT[a] (*n* = 56)	CT[a] (*n* = 473)
Paid work hours/week	39.4 (1.6)	39.0 (3.5)	39.8 (2.3)	38.1 (5.2)	38.1 (3.5)	39.0 (2.2)	38.7 (2.6)	37.8 (3.9)
Actual work hours/week	47.3 (5.6)	47.3 (8.0)	47.1 (6.0)	43.2 (8.0)	42.0 (7.0)	45.1 (6.7)	43.4 (5.5)	42.8 (9.2)
Paid work weeks/year	48.0 (4.8)	46.6 (7.8)	48.7 (4.2)	47.9 (5.0)	39.8 (3.2)	41.4 (5.6)	39.6 (4.9)	39.2 (5.4)
Hours working directly with families	7.1 (9.1)	14.7 (13.2)	17.3 (12.7)	11.8 (10.9)	--	--	--	--

Job Satisfaction	Unweighted Percentages							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW[a] (*n* = 144)	CD[a] (*n* = 89)	AT[a] (*n* = 56)	CT[a] (*n* = 473)
% Very satisfied with current position	39.5	48.6	56.4	46.3	34.3	46.9	49.0	49.3
% Very satisfied working in ECE	86.5	70.6	69.2	70.6	65.7	84.8	82.5	81.6
% Very likely to continue in HS during following year	92.1	85.7	97.3	85.6	80.4	88.9	85.0	82.9

[a] Family Service Worker, Center Director, Administrative Teacher, and Classroom Teacher interviews did not include a question on hours directly working with families.

Exhibit 3-16 suggests some possible reasons that staff were somewhat less satisfied with their current position than they were with the field in which they were employed. Over 60% of all staff interviewed felt they received an insufficient salary and over 50% felt the press of time constraints in performing their duties adequately. Almost 40% of all Component Coordinators reported that the program had a lack of support staff, and more than 30% of those same individuals (along with Family Service Workers) indicated that their roles should be more clearly defined. Not surprisingly, staff responsible for providing direct services to children were more likely to feel that there were adequate support staff and that their roles were sufficiently well defined.

Exhibit 3-16
Reported Barriers to Job Performance by Staff Position

	Unweighted Percentages							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Time constraints	78.9	77.1	74.4	74.4	66.4	54.9	52.5	53.2
Undefined role	42.1	34.3	30.8	32.5	35.7	20.1	20.4	20.7
Insufficient salary	47.4	57.1	64.1	65.0	56.6	64.6	60.8	57.6
Lack of support staff	34.2	37.1	46.2	45.0	32.9	27.1	26.6	29.1
Not enough training for other responsibilities	21.1	29.4	30.8	23.1	28.8	22.9	12.6	10.8

However, staff endorsed a relatively large number of positive reasons for continuing to work for Head Start (Exhibit 3-17). Across all positions, they agreed almost unanimously that the importance of the work and their enjoyment of working with young children were positive factors. With the exception of Family Service Workers, over 90% cited professional respect, the opportunity to use their experience in child development, and the opportunity to work with other adults as positive factors for continuing to work in their current positions. Salary and benefits were endorsed far less frequently, and only a small proportion of staff indicated that the opportunity to have their own children at work was a reason for remaining at Head Start.

Exhibit 3-17

Reported Reasons for Continuing Head Start Employment by Position (Percentage Reporting Item as "Important")

	Unweighted Percentages							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Job security	72.9	63.4	92.1	80.0	78.9	87.5	77.9	80.5
Enjoyment of working with young children	100.0	100.0	89.5	91.2	88.8	100.0	100.0	100.0
Professional respect	91.9	92.7	94.7	88.6	68.5	90.3	94.5	97.1
Salary	63.2	56.1	55.3	60.0	55.9	60.0	56.3	54.7
Benefits	68.4	73.2	79.0	71.4	72.7	80.7	84.3	86.6
Ability to have own children at work	13.2	12.5	13.2	17.1	17.6	29.7	27.5	29.3
Favorable work schedule	57.9	84.6	65.8	65.7	59.4	86.2	86.4	86.6
Favorable working conditions	68.4	80.0	89.5	74.3	74.8	93.1	93.4	93.7
Opportunity to work with other adults	97.4	92.5	100.0	94.3	76.9	95.9	93.5	91.9
Opportunity to use experience in child development	97.4	92.5	89.5	82.9	77.6	100.0	98.0	98.5
Importance of the work with young children	100.0	100.0	97.3	100.0	98.6	100.0	100.0	100.0

	Unweighted Percentages							
	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)	FSW (*n* = 144)	CD (*n* = 89)	AT (*n* = 56)	CT (*n* = 473)
Opportunity to implement beliefs about child care	86.8	67.5	81.6	74.3	--[a]	80.5	83.5	86.0
Opportunities for professional growth	73.7	47.5	73.7	65.7	60.8	80.7	87.2	85.2

[a] This item not included in Family Service Worker interview.

3.6 Summary

Chapter 3 presented information about Head Start staff's experiences with their current Head Start programs, other Head Start programs and other early childhood programs, their educational background, and their recent training. The following is a summary of the key findings.

Staff Experience

- Head Start staff in all positions[4] reported extensive experience with early childhood programs. On average, Component Coordinators, Center Directors and Administrative Teachers had over 15 years experience in early childhood education, while Classroom Teachers and Family Service Workers had been employed in their field for over 10 years;

- The average number of years of experience with Head Start reported by staff was
  12.2 years for Component Coordinators,
  14.3 years for Center Directors,
  11.1 years for Administrative Teachers, and
  9.3 years for Classroom Teachers.

- Center Directors reported that they had been in their current Head Start position about 5 years on average, while Administrative Teachers and Classroom Teachers had been in their current staff positions for an average of approximately 6 years.

- Over 80% of Center Directors and Classroom Teachers had experience with other preschool programs, adding about 5 years to their experience with Head Start.

- Over 40% of Head Start staff interviewed were currently parents of Head Start children or had other children from their household attend Head Start at some time.

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[4] "In all positions" refers to Component Coordinators, Center Directors, Classroom Teachers (including those designated as Administrative Teachers), and Family Service Workers

- Head Start experience varied by region. For each position, staff employed by programs in the southern United States reported more experience in early childhood education and longer periods of service with Head Start.

- Experience did not systematically vary between urban and rural programs except for the Family Service Worker position, where staff in rural areas reported far more experience than staff in urban areas.

Staff Education

- Head Start Component Coordinators and Center Directors had more years of education and had earned more academic degrees than classroom staff.

- More than 50% of the Component Coordinators had at least a 4-year degree, including Bachelor's or Master's degrees; a higher percentage of Education Coordinators had obtained graduate degrees (42%) than coordinators in the other areas (3-16%).

- Most Head Start Center Directors (70.8%) had a college degree; about 30% had a Bachelor's degree and about 14% had a graduate degree;

- Head Start Classroom Teachers reported completing an average of 14.3 years of schooling.

- Almost all teachers had some college education. Nearly 40% of Classroom Teachers and a third of Administrative Teachers had 1-2 years of college; 37% of Classroom Teachers and 23% of Administrative Teachers had 3-4 years of college.

- Over 90% of Center Directors and 75% of Classroom Teachers with degrees at the AA level or higher majored in early childhood education, secondary education, special education, or general education.

- Center Directors and Classroom Teachers employed by Head Start programs in Puerto Rico reported high levels of education relative to the mainland. All staff reported that they had a college degree, and virtually all (95.2%) had completed their baccalaureate program.

- The patterns of education reported during interviews closely matched information drawn from the Head Start Program Information Report (PIR).

Staff Training

- Component Coordinators and Center Directors participated in more training than classroom staff. Component Coordinators and Center Directors reported that they had participated, on average, in approximately 105 - 140 hours of training per year that was provided by their Head Start program. Center Directors, Education Coordinators, and Parent Involvement Coordinators reported the highest number of training hours received.

- Administrative Teachers (those with administrative as well as classroom duties) reported about 100 hours, compared with Classroom Teachers who reported about 70 hours of training.

- Approximately 30% of training hours provided for Classroom Teachers (almost 30 hours per year) were devoted to (1) child development, (2) child assessment or evaluation, and (3) educational programming and management.

- Center Directors received more training hours from Head Start programs located in urban areas and from those located in the West. Classroom staff reported similar amounts of training in all regions of the nation.

Staff Salaries

- Annual salaries reported for Center Directors averaged $26,055; Administrative Teachers were reported to have an annual income of $21,280 and Classroom Teachers received on average, $17,322; Family Service Workers reported an average annual salary of $17,310.

- Salaries in the Northeast and Midwest were somewhat higher than national averages, while those in the South were below the rest of the nation.

- Salaries reported by all categories of Head Start staff in Puerto Rico were far below those reported for any mainland region despite high levels of staff education.

Staff Benefits

- More than 90% of Head Start staff in all positions reported receiving paid sick leave and health insurance benefits.

- More than 80% of Head Start staff in all positions reported receiving paid vacation (except for Administrative Teachers), and had a retirement plan available to them.

- Greater than 70% of Head Start staff in all positions reported receiving dental insurance, family leave, and maternity leave.

- More than one half of Head Start staff in all positions, except Social Service Coordinators, reported the availability of tuition reimbursement.

Staff Work Hours

- Head Start staff in all positions were paid for between 35 to 40 hours weekly, and respondents for all positions reported contributing an average of 5-8 additional hours.

- Center Directors and Classroom Teachers were typically paid for approximately 40 weeks each year while component coordinators were paid for an average of approximately 48 weeks per year.

Staff Job Satisfaction

- Staff reported high levels of satisfaction with their employment in the field of early childhood, although satisfaction with their Head Start position was lower.

- More than 80% of all staff respondents indicated that they were very likely to return to Head Start in the following year.

- A majority of all Head Start staff indicated that time constraints and insufficient salaries were a concern.

Reasons for Continuing Employment

- Staff in all positions overwhelmingly indicated that the importance and enjoyment of working with young children were primary reasons to continue working with Head Start.

- Greater than 80% of staff in all positions cited favorable working conditions (except for Education Coordinators), professional respect, and the opportunity to work with other adults as important reasons to continue working for Head Start (both with the exception of Family Service Workers).

4.0 Head Start Services and Activities

4.1 Introduction

The Head Start Program Performance Standards mandate a comprehensive set of services for enrolled children and families across the areas of Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management. Head Start staff interviewed for FACES provided in-depth information about the types and amounts of services provided through each program component. In addition, the interviews provided information about the main benefits of those services, barriers to receiving full benefits of services, staff goals for families and children, and perceived success in meeting those goals. This chapter consists of six sections:

- Section 4.2 contains a description of the educational curricula employed in classrooms, information about the development and implementation of the educational program, and the types and frequencies of activities that occurred in Head Start classrooms.
- Section 4.4 provides information about the variety of staff contacts with parents and families through orientation meetings, parent meetings and workshops, parent volunteers in the classroom and other aspects of the program, and male involvement efforts. Finally, staff perceptions regarding barriers to full parent participation in Head Start are reported.
- Section 4.6 contains Social Service Coordinator and Family Service Worker descriptions of risk factors frequently observed in Head Start families and the activities and services provided by the program to address families' needs and problems.
- Section 4.8 provides information about health needs and health services that are observed by Health Coordinators and other Head Start staff in the children and families served by the program.
- Section 4.10 contains center-level analyses of relationships among the information collected separately from Head Start staff and parents. This section reports the associations among 1) staff and program characteristics reported by staff, 2) parent-reported family demographics, and 3) parent-reported measures of (a) program involvement, (b) satisfaction with the Head Start program and (c) fall 1997 to spring 1998 changes in family-child activities.
- Section 4.12 contains the results of discussions completed with Head Start Program Directors in spring 1998 regarding the impact on the program related to implementation of revised Head Start Program Performance Standards in January 1998, and the effects of changes in public assistance laws on the program and the families served.
- Finally, Section 4.13 presents a summary of staff responses when they were asked how the program could be improved.

4.2 The Head Start Education Component

The Head Start educational program was, at the time data collection began, organized under the direction of an Education Coordinator, and included classroom teachers, teacher aides, educational and behavioral assessment staff, trainers, consultants, and clerical staff. The Coordinators for the 40 programs in Head Start FACES reported a total of 2,170 staff (an average of over 54 staff per program; range 6 to 186) under their direction. The Education Coordinators were responsible for management of the in-service training program for classroom staff. Exhibit 4-1 contains ratings of the relative importance of in-service training topics. As shown, general child development (62.5%), classroom management strategies (47.5%), and curriculum materials and teaching strategy (37.5%) were considered to be the most important topics for the training of classroom staff. In the next priority rank, methods for involving parents in the classroom when they were present as volunteers or observers (35.0%), training classroom staff to accurately observe (27.5%) and assess (25.0%) children's behavior and progress, and communications with parents (25.0%) were also considered important.

Exhibit 4-1

Priorities for In-Service Training of Head Start Classroom Staff as Reported by Education Coordinators

In-Service Training Topics	Percentage of Education Coordinators Indicating Topic is One of Top Three Priorities (*n* = 40)
General child development/early childhood education	62.5
Classroom management strategies	47.5
Curriculum materials/teaching strategies	37.5
Involving parents in the classroom	35.0
Observation of child behavior	27.5
Assessment of child progress	25.0
Communications with parents about child's progress or problems	25.0
Team teaching principles	20.0
Supervision of classroom workers (aides, parent volunteers)	10.0
Observation/reporting of child abuse/neglect	2.5

Education Coordinators reported a variety of means that were employed by education staff in the development of an understanding of the instructional needs of Head Start children. These included teacher observations and review of medical records (reported by 100% of Education Coordinators), observations during home visits, parent-staff conferences (97.5% each), and, if needed, consultation with medical or psychological consultants (90% of Education Coordinators). Where deemed necessary, an Individual Education Plan (IEP) was prepared. Classroom Teachers reported that, on average, 13.8% (*SD* = 13.0, range = 0 to 100%) of the children in their classrooms had a disability for which they received services or had an Individual Education Plan (IEP). This percentage did not vary by region but teachers employed by programs in rural areas reported a higher proportion (17.4%, *SD* = 17.3) of children in their classrooms with IEPs than those in urban areas (12.4%, *SD* = 10.5), $t = 3.31$, $p < .01$. Education Coordinators were also asked to indicate the top three disabilities that they had observed in the past year (Exhibit 4-2). As shown, speech and language impairments were reported by all but one Education Coordinator to be a concern that frequently results in the development and implementation of IEPs. In addition, three quarters of the Education Coordinators reported that emotional and behavioral disorders were one of the top three problems resulting in preparation of IEPs.

Exhibit 4-2
Most Frequent Educational Problems Resulting in a Head Start Individualized Education Plan as Reported by Education Coordinators

Disabilities of Children	Percentage of Education Coordinators Indicating Disability as One of Top Three Problems (*n* = 40)
Speech/language impairment	97.5
Emotional/behavioral disorder	75.0
Non-categorical developmental delay	47.5
Learning disabilities	37.5
Health impairments	32.5
Hearing impairments	7.5
Multiple disabilities	2.5

Home visits by education staff were reported by Education Coordinators to be required in each of the 40 programs that participated in FACES. Thirty-three of the programs required a minimum of two visits per program year, while the remainder required three or more visits by teachers and/or classroom aides. As shown in Exhibit 4-3, two thirds of Education Coordinators (67.5%) reported that delivering educational services to the Head Start children was the most important goal for the home visits involving educational staff; parenting instruction was the next highest priority (30%).

Exhibit 4-3

Most Important Goals for Home Visits by Educational Staff as Reported by Education Coordinators

Goals for Home Visits	Percentage of Education Coordinators (n = 40)
Deliver educational services to Head Start children	67.5
Provide parenting instruction	30.0
Address health/nutritional needs of children	2.5
Provide educational services to other children in the household	2.5

Head Start Educational Curricula

The Head Start Program Performance Standards mandate a comprehensive program of educational services emphasizing the importance of developmentally appropriate educational activities in the classroom. The program does not prescribe a single specific curriculum or set of activities for enrolled children. This approach allows the maximum flexibility for local Head Start staff to select preschool education approaches that they believe are most beneficial for the children and families that they serve. There was significant agreement among Education Coordinators (92.5%), Center Directors[1] (94.3%), and Classroom Teachers (93.0%) that a specific curriculum or combinations of curricula were used in their program. As Exhibit 4-4 indicates, the most popular curriculum was High Scope, followed by The Creative Curriculum. In about 10-15% of programs, centers, and classrooms, staff indicated that a statewide Head Start curriculum was employed. In total, over 90 different educational programs for pre-school children were identified, many of which covered only one or two educational content areas and might, therefore, not be considered as "true" curricula (that is, comprehensive programs providing activities and materials covering a variety of educational content areas through a consistent educational approach) but rather as categorical education packages. Other than those mentioned above, no other specific curricula were identified by more than 3% of the staff in any of the positions interviewed.

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[1] In some cases, a Classroom Teacher also served some of the administrative functions of a Center Director when a Center Director was not available. Within this report, such teachers are referred to as Administrative Teachers (AT).

Exhibit 4-4

Curricula Employed in Head Start Programs as Identified by Head Start Staff

	Unweighted Percentages		
	Education Coordinators (*n* = 38)	Center Directors (*n* = 89)	Classroom Teachers (*n* = 529)
High Scope	44.7	41.7	37.1
The Creative Curriculum	26.3	24.6	19.5
A statewide Head Start curriculum	13.2	11.2	13.9
Other[a]	10.5	16.8	22.5
None[b]	5.3	5.7	7.0

[a] "Other" refers to programs, centers, or classrooms where staff did identify a curriculum or curricula other than High Scope, The Creative Curriculum, or a statewide Head Start curriculum

[b] "None" refers to programs, centers, or classrooms that staff indicated followed no specific curriculum.

Education Coordinators, Center Directors, and Classroom Teachers reported the components of the curricula they employed in their programs, centers and classrooms. These included having a formal written plan consisting of goals for children's learning and development, specification of activities for children, suggestions for teaching strategies and teaching materials, and providing ways to involve parents in their children's activities. As shown in Exhibit 4-5, Head Start staff consistently reported their current curricula generally included all elements of sound educational practice and met the requirements of the Head Start Program Performance Standards. With one exception, over 85% of all staff agreed that all curriculum elements were present. Only about 75% of Education Coordinators and Classroom Teachers reported that their curricula provided specific activities for children.

Exhibit 4-5
Elements of the Curricula Employed in Head Start Programs as Specified by Head Start Staff[a]

	Unweighted Percentages		
	Education Coordinators (*n* = 36)	Center Directors (*n* = 84)	Classroom Teachers (*n* = 492)
Curriculum was a formal, written plan	83.3	88.1	87.4
Contained goals for children's learning and development	88.9	96.5	87.8
Specified activities for children	75.0	88.1	74.4
Provided suggested teaching strategies	94.4	94.1	94.1
Included suggested teaching materials	91.7	95.2	92.5
Included ways to involve parents in their child's activities	88.9	94.0	87.2

[a] Including only staff who identified a curriculum for their program, center, or classrooms

Education Coordinators, Center Directors, and Classroom Teachers each reported on who was responsible for developing the day-to-day instructional plans for children and for the preparation of teaching materials. These staff indicated that, for between 60-70% of programs, centers, and classrooms, the day-to-day instructional responsibilities were with the classroom teaching staff (Exhibit 4-6). For approximately 15-20% of programs and centers, the Center Directors were reported to be responsible for such plans (a slightly lower percentage of Center Director responsibility was reported by Classroom Teachers), and the remaining responsibilities were assigned to program administrators.

Exhibit 4-6
Head Start Staff Responsible for Day-to-Day Instructional Plans for Children (As Reported by Education Coordinators, Center Directors, and Classroom Teachers)

	Unweighted Percentages		
	Education Coordinators (*n* = 38)	Center Directors (*n* = 89)	Classroom Teachers (*n* = 529)
Individual Teachers	60.5	61.5	70.8
Center Directors	15.8	22.4	13.4
Program Administrators	18.4	14.0	14.8

Between 45 and 55% of respondents in each category reported that local Head Start staff were responsible for preparing teaching materials (Exhibit 4-7). In this case, all respondents agreed that the curriculum developer was responsible for the materials in 40-48% of classrooms. In keeping with the Head Start philosophy of decentralized educational programming, less than 10% of respondents indicated that they employed materials prepared by Head Start staff beyond the program level.

Exhibit 4-7
Head Start Staff Responsible for Preparation of Teaching Materials (As Reported by Education Coordinators, Center Directors, and Classroom Teachers)

	Unweighted Percentages		
	Education Coordinators (*n* = 38)	Center Directors (*n* = 89)	Classroom Teachers (*n* = 529)
Local Head Start staff	44.7	51.1	54.5
Curriculum developer	47.4	42.0	41.7
State, regional, or national Head Start Administrators	7.9	2.8	3.8

Notably, in the case of both responsibility for instructional planning and preparation of educational materials, a slight association between the identity of the respondent and the response may be observed. For example, Classroom Teachers were more likely to report that they were responsible for instructional planning and preparation of materials than were Education Coordinators and Center Directors. In turn, Center Directors were more likely to report that they were responsible for day-to-day educational activities than Education Coordinators and Classroom Teachers, and Education Coordinators were slightly more likely to assume responsibility for both instructional activity and materials than profiled in reports from the other staff. Despite these minor differences, the staff involved in choosing and planning the educational program for children were in substantial agreement regarding their responsibilities.

Significant differences were observed in regional patterns related to responsibilities for preparing educational plans and materials (Exhibit 4-8). Classroom Teachers in the South, $\chi^2 = 37.8, p < .01$, and in rural areas, $\chi^2 = 21.3, p < .01$, were less likely to report that they were responsible for *preparing day-to-day educational plans* than teachers in other areas. As well, Classroom Teachers in both the South and West were less likely to respond that they were responsible for *preparing teaching materials* than teachers in the Northeast and Midwest, $\chi^2 = 17.5, p < .01$.

Exhibit 4-8

Classroom Staff Responsibility for Day-to-Day Instructional Activities as Reported by Classroom Teachers

	Unweighted Percentages						
	North East (*n* = 45)	Midwest (*n* = 142)	South (*n* = 202)	West (*n* = 122)	Puerto Rico (*n* = 18)	Rural (*n* = 153)	Urban (*n* = 376)
Individual teachers make most of the decisions about instructional plans for children	72.7	83.3	55.3	79.2	94.4	58.7	76.2
Teaching materials are created by local Head Start staff	64.4	68.1	44.7	47.1	94.4	51.7	56.0

Activities in Head Start Classrooms

Head Start classroom staff provided a diverse set of activities for children each day. The Center Directors and Classroom Teachers participating in FACES were asked to indicate how frequently a variety of activities took place in their classrooms (from "not offered/never" to "daily or almost daily"). Their responses to these items are shown in Exhibit 4-9. Center Directors and Classroom Teacher responses were quite consistent across all the identified activities. Free play, reading stories, construction activities, naming colors, visual arts, puzzle solving, number concepts or counting, outdoor physical activities, performing arts, and health/hygiene were reported to be offered daily or almost daily in over 90% of the centers and classrooms. Classroom Teachers reported that their programs offered indoor physical activities, science or nature slightly less often. Center Directors and Classroom Teachers agreed that letters of the alphabet or words and computer time were far less frequently offered than other academic activities. Finally, cooking activities, trips to the library and other field trips were offered only occasionally.

Exhibit 4-9

Frequencies of Classroom Activities reported by Center Directors and Classroom Teachers

Classroom Activity	Unweighted Percentages			
	Center Directors (*n* = 89)		Classroom Teachers (*n* = 529)	
	Not Offered/ Never	Daily or Almost Daily	Not Offered/ Never	Daily or Almost Daily
Science or nature	0.0	100.0	0.0	83.2
Free play	0.0	98.9	0.0	95.8
Reading stories	0.0	98.9	0.0	96.0
Block building, other construction activity	0.0	98.9	0.0	97.1
Naming colors	0.0	96.6	0.8	88.7
Visual arts (i.e., drawing, painting)	0.0	96.5	0.0	95.6
Solving puzzles, playing with geometric forms	0.0	95.4	0.0	94.5
Number concepts or counting	0.0	94.3	0.8	92.2
Outdoor physical activities	0.0	94.2	0.2	92.8
Performing arts, music, dance	1.2	92.0	0.0	91.6
Indoor physical activities	0.0	90.7	0.2	89.9
Health and hygiene	0.0	90.0	0.3	93.0
Letters of the alphabet or words	16.3	65.1	9.5	68.8
Computer time	48.3	47.1	42.3	46.2
Cooking	2.3	24.1	4.3	18.3
Field trips (other than the library)	1.2	1.2	1.5	0.6
Trips to the library	14.1	0.0	24.0	0.6

Exhibits 4-10 and 4-11 provide a breakdown for teaching "letters of the alphabet or words" and offering computer time by region and urbanicity. Approximately 15% of Center Directors and 10% of teachers reported that letters of the alphabet or words were never taught in their classrooms. As shown, Classroom Teachers in the Midwest reported that "letters of the alphabet or words" were offered daily or almost daily more often in their classrooms than in other regions, $\chi^2 = 23.5, p < .01$. Programs in Puerto Rico were also less likely to teach letters of the alphabet or words in their daily activities (Exhibit 4-10).

Exhibit 4-10

Frequencies of Teaching "Letters of the Alphabet or Words" by Region and Urbanicity as Reported by Directors and Classroom Teachers

	Unweighted Percentages						
Teaching "Letters of the Alphabet or Words"	North East *(n = 45)*	Mid West *(n = 142)*	South *(n = 202)*	West *(n = 122)*	Puerto Rico *(n = 18)*	Rural *(n = 153)*	Urban *(n = 376)*
Classroom Teachers reported "never"	9.1	2.8	9.5	15.6	22.2	11.2	8.8
Center Directors reported "never"	11.2	6.9	16.1	20.0	33.3	20.8	11.8
Classroom Teachers reported "daily"	65.9	82.4	71.5	51.6	50.0	67.1	69.3
Center Directors reported "daily"	66.7	82.8	64.5	52.0	33.3	66.7	64.5

Computer time, of course, was based to a large degree on whether or not computers were available in the classrooms. Classroom Teacher responses indicated that slightly less than one half of classrooms (47.6%) offered daily computer time while somewhat fewer (40.5%) never offered that activity (Exhibit 4-11). Although computer time was offered slightly more often in the South and the West by Classroom Teachers, the observed differences were not significant, nor were Center Directors' reports for the frequency that computer time was offered in their centers. All of the staff in the FACES programs in Puerto Rico reported that computer time was not offered to their children.

Exhibit 4-11

Frequencies of Having Computer Time for Children by Region and Urbanicity as Reported by Directors and Classroom Teachers

	Unweighted Percentages						
Computer Time For Children	North-east *(n = 45)*	Mid-west *(n = 142)*	South *(n = 202)*	West *(n = 122)*	Puerto Rico *(n = 18)*	Rural *(n = 153)*	Urban *(n = 376)*
Classroom Teachers report "never"	53.3	50.0	39.0	27.1	100.0	33.6	46.1
Center Directors report "never"	33.3	43.3	41.7	40.0	100.0	39.1	43.6
Classroom Teachers report "daily"	40.0	41.4	51.3	51.6	0.0	55.7	42.1
Center Directors report "daily"	44.4	50.0	53.3	52.0	0.0	58.7	48.9

On average, Classroom Teachers reported that children in their classrooms were read to approximately 3.2 hours each week ($SD = 2.3$). As shown in Exhibit 4-12, the weekly amount of reading reported by Classroom Teachers was higher in the South, $F(3, 508) = 3.53$; $p < .01$. In addition, Classroom Teachers were asked to rate whether reading to children in the classroom was essential, very important, somewhat important, or not important. Across all regions, 58.3% of Classroom Teachers rated reading as essential. In contrast to results reported for the number of hours of reading that occurred in classrooms, teachers in the South were less likely to rate classroom reading as essential than their counterparts in other regions, the Northeast in particular, $\chi^2 = 14.9, p < .01$.

Exhibit 4-12

Reading to Children by Region and Urbanicity as reported by Classroom Teachers

	Means (Standard Deviations)/ Unweighted Percentages						
	North-east ($n = 45$)	Mid-west ($n = 142$)	South ($n = 202$)	West ($n = 122$)	Puerto Rico ($n = 18$)	Rural ($n = 153$)	Urban ($n = 376$)
Weekly hours of reading to children	3.2 (2.1)	3.2 (2.7)	3.7 (2.2)	2.7 (1.8)	3.6 (2.3)	3.3 (2.5)	3.2 (2.2)
Percentage rating reading as essential	73.5	61.9	48.7	64.5	61.1	57.1	58.7

Head Start Benefits to Children

In an open-ended format, Classroom Teachers reported their opinions about the main benefits of Head Start for enrolled children. Their coded responses are shown in Exhibit 4-13. The three largest response categories were enhancement of children's social skills (69.3%), improvement in school readiness (57.6%), and improvement in children's health (36.7%). It was also apparent that teachers identified a far greater number and diversity of social benefits than academic or health benefits, although some benefits mentioned, such as school readiness, could be interpreted as encompassing both academic and social skills.

Exhibit 4-13

Staff Opinions on Main Benefits that Head Start Provides to Children, as Reported by Classroom Teachers

Comment Category	Percentage of All Comments (*n* = 529)	Rank
Improved Social Relationships/Psychological Well Being		
Enhancement of children's social skills	69.3	1
Improvement in social interactions with adults	26.1	4
Improvement in self esteem, self confidence	10.1	6
Enhancement of child's psychological development	6.8	8
Providing exposure to new experiences	6.2	9
Learning cooperation, sharing, problem solving, decision making	3.8	13
Learning discipline, responsibility, structure, routine	3.4	15
Learning independence, self help skills	3.2	16
Improved School Readiness/Academic Skills		
Improvement in children's school readiness	57.6	2
Improvement in language, verbal skills	3.6	14
Other Benefits		
Improvement in children's health	36.7	3
Enhancement of children's motor skills	4.0	12
Improved environment for development		
Provision of a safe haven from home/neighborhood	10.5	5

Excludes categories mentioned by fewer than 2% of Classroom Teachers; Totals exceed 100 % due to multiple responses

Exhibit 4-14 contains a summary of regional and urban/rural breakdowns for the three benefits identified most frequently. Classroom Teachers located in the South, $\chi^2 = 31.9$; $p < .01$, and those located in rural areas, $\chi^2 = 13.3$; $p < .01$, were far more likely to identify enhancement of social skills as a main benefit of Head Start to children. Conversely, teachers in the Northeast and Midwest, $\chi^2 = 11.2$, $p < .01$, and in urban programs, $\chi^2 = 9.3$; $p < .01$, were more likely to identify improvement in children's school readiness as a main benefit. No regional or urban/rural differences were observed for improvements in children's health.

Exhibit 4-14

Staff Opinions about the Three Main Benefits that Head Start Provides to Children by Region and Urbanicity, as Reported by Classroom Teachers

	Unweighted Percentages						
Comment Category	North-east (*n* = 45)	Mid-west (*n* = 142)	South (*n* =202)	West (*n* = 122)	Puerto Rico (*n* =18)	Rural (*n* = 153)	Urban (*n* = 373)
Enhancement of children's social skills	55.6	57.0	82.8	66.4	61.1	81.1	64.5
Improvement in children's school readiness	73.2	64.5	51.0	54.9	55.6	47.7	61.7
Improvement in children's health	31.1	34.5	36.6	36.9	66.7	38.6	36.2

4.3 Summary

Section 4.2 provides a description of the Head Start educational component, including curricula and classroom activities, and perceived benefits for children. The following is a summary of these findings.

The Head Start Education Component

- The Head Start Education Component consists of a wide variety of staff, including an Education Coordinator, child assessment specialists, trainers, and classroom staff, teachers, and teacher aides.
- The top priorities for training teachers as identified by Education Coordinators were in the areas of child development, classroom management, and teaching strategies.
- Speech and language impairments, emotional/behavioral disorders, and developmental delay were the most frequent educational problems faced by Head Start educators.
- Home visits by educational staff were targeted towards providing educational services for the children and parenting instruction for the adults in the home.

Curricula and Educational Programs

- Education Coordinators, Center Directors, and Classroom Teachers reported that a wide variety of externally prepared curricula were employed in the classroom. The most popular were High Scope and the Creative Curriculum, but over 90 different "curricula" were identified.

- More than 80% of Education Coordinators, Center Directors, and Classroom Teachers agreed that the curricula employed in their classrooms were formal, written educational plans containing goals for children's learning and development, provided suggested teaching startegies, included suggested teaching materials, and included ways to involve parents in their children's activities.

- More than 60% of Education Coordinators and Center Directors, and 70% of Classroom Teachers, indicated that individual teachers were responsible for day-to-day instructional plans for children. Staff indicated that daily activities in the remaining classrooms were specified by Center Directors (as reported by 13-22% of staff) and Program Administrators (reported by 14-18% of staff).

- Over 40% of Education Coordinators and 50% of Center Directors and Classroom Teachers indicated that local Head Start programs were responsible for preparation of instructional materials for children. The same staff in less than 10% of programs indicated that teaching materials were provided by state, regional, or national administrators.

- Staff in the South and in rural programs was less likely than staff in other regions and urban programs to report that individual teachers had responsibility for day-to-day instructional plans for children.

Activities in Head Start Classrooms

- Head Start Center Directors and Classroom Teachers reported that children were offered a wide variety of educational and social activities on a daily or almost daily basis. Almost all staff reported that they taught number concepts, colors, and read stories to the children in their classrooms daily or almost daily. Children also engaged in block building, free play, and indoor and outdoor physical activities daily or almost daily.

- Center Directors and Classroom Teachers reported that they taught letters of the alphabet and provided computer time in their classrooms much less frequently than other academic activities. Approximately 15% of Center Directors and 10% of teachers reported that letters of the alphabet or words were never taught in their classrooms. Center Directors and Classroom Teachers in programs in the West and in Puerto Rico were less likely to teach letters of the alphabet or words in their daily activities.

- Center Directors and Classroom Teachers responsible for just under one half of the FACES classrooms reported that computer time was provided to children on a daily basis; between 42-48% reported that computer time was not offered to children. All staff in the FACES programs in Puerto Rico reported that computer time was not offered to their children.

- Classroom teachers in the South reported more time for reading to children in their classrooms, but were less likely to rate reading as "essential" than teachers in other regions.

Benefits of Head Start for Children

- Classroom Teachers reported that the most frequently observed benefits to children were enhancement of children's social skills, improvement in school readiness skills, and improvement in children's health.

- Classroom Teachers in the South and in rural programs were more likely to identify enhancement of social skills as a main benefit of Head Start, while teachers in the North and Midwest and from urban programs were more likely to identify school readiness as a main benefit of Head Start.

4.4 Interaction of Head Start Staff and Parents

The following sections are concerned with Head Start staff efforts to involve parents of enrolled children in program activities. Head Start center staff met with parents regularly when children arrived and left, at scheduled parent meetings, workshops, and during home visits. Parents were asked to volunteer their time in the classroom and in other center functions. Program staff interviews provided a significant amount of information about these activities as well as two additional topics: 1) efforts to increase the involvement of males in program activities, and 2) staff perceptions regarding barriers to parent involvement in program activities.

The Head Start Parent Involvement Component

The Head Start parent activities and involvement program was, at the time data collection began, organized under the direction of a Parent Involvement Coordinator (PIC), and often included parent volunteer managers, center activities coordinators, home visitors, trainers, consultants, and clerical staff. The coordinators for the 40 programs in FACES reported a total of 452 staff (an average of 11.3 staff per program; range 1 to 42) under their direction. The Parent Involvement Coordinator was usually responsible for management of the parent orientation, coordination of the Parent Policy Council and parent committees, management of parent volunteers, and conducting parent and family workshops and activities, including social gatherings.

The Parent Involvement Coordinator, Center Directors, and Classroom Teachers each had goals for what they wished to accomplish with parents (Exhibit 4-15). Most importantly, the program staff wished to teach parents about child development and parenting. Approximately 40% of both Center Directors and Classroom Teachers listed that goal as their most important. The second most frequently selected goal, to inform parents about their own children's development, was identified by almost 25% of Center Directors and Classroom Teachers. No more than 8% of Classroom Teachers or 15% of Center Directors identified other goals as their most important.

Exhibit 4-15

Most Important Goals for Parents as Ranked by Center Directors, Classroom Teachers, and Component Coordinators

	Unweighted Percentages					
Goals for Parents	*CD *n* = 89	*CT (*n* = 527)	*EC (*n* = 38)	*SSC (*n* = 39)	*PIC (*n* = 38)	*HC (*n* = 40)
Teach parents about child development/parenting	39.3	41.6	47.4	5.9	26.3	20.0
Inform parents about their own child's development	22.7	25.9	15.8	0.0	0.0	7.5
Help parents become economically self - sufficient through education and employment	14.5	6.8	13.2	41.2	31.6	12.5
Help parents identify their personal goals and ways to achieve them	8.2	5.5	10.5	20.6	15.8	12.5
Explain Head Start principles and practices to parents	4.1	7.2	5.3	0.0	2.6	2.5
Help parents develop a social support network of other parents and families	3.4	1.8	0.0	5.9	13.2	0.0
Have parents participate in policy and program decisions	2.8	1.7	2.6	20.6	2.6	0.0
Teach parents about health and nutrition	1.4	2.3	2.6	0.0	7.9	0.0
Help parents improve their literacy skills	0.0	1.1	0.0	2.9	0.0	45.0
Have parents plan and organize events and activities	0.0	0.4	2.6	2.9	0.0	0.0

*CD = Center Director
CT = Classroom Teacher (includes Administrative Teachers)
EC = Education Coordinator
SSC = Social Service Coordinator
PIC = Parent Involvement Coordinator
HC = Health Coordinator

Head Start Meetings and Workshops

For most Head Start parents, their introduction to the program was through the recruitment process and the orientation meetings following their children's enrollment. The primary responsibility for the orientation meeting lay with the Center Director, and most meetings were reported to be well-attended. On average, 38.3% of Center Directors reported their orientation meetings to be attended by almost all parents. An additional 30.2% estimated that about three quarters of all parents attended. Only

9.4% of Center Directors indicated that less than one quarter of all parents attended the parent orientation meetings.

Center Directors also considered these meetings quite useful. More than one third considered the meetings very productive; less than 10% reported that these meetings were not productive at all. Most importantly, the meetings provided parents with an opportunity to obtain the basic information about what to expect from Head Start and to express their own concerns. Exhibit 4-16 contains a summary of the most frequent concerns expressed by parents at the orientation meetings. As shown, many of these items were general requests for basic information or clarification of information about the program, such as obtaining information about their children's transportation (58.2% of Center Directors indicated that topic was one of the three most frequent concerns during orientation meetings), the approach the program would take towards school readiness and academic skills (50.3%), the curriculum content (43.4%), and the hours of center operations (43.4%).

Exhibit 4-16
Parental Concerns Expressed at Orientation Meetings as Reported by Center Directors

Parent Concerns Expressed at Orientation Meetings	Percentage Indicating Topic is One of Top Three Concerns Expressed by Parents During Parent Orientation Meetings
	Center Directors/Administrative Teachers (*n* = 139)
Transportation for children to and from center	58.2
School readiness and academic skills	50.3
Classroom curriculum content and methods	43.4
Hours of center operations	43.4
Disciplinary methods of teachers	19.3
Child care issues or availability	15.9
Opportunities for parent involvement	11.7
Confidentiality regarding family/child matters	7.6
Safety of facility	6.9
Staff/child ratio/supervision of children	6.2
Staff availability to parents	5.5
Transportation of parents to/from the center	4.8
Cultural sensitivity/awareness of staff/teachers	2.1

Parent meetings and workshops were held regularly (Exhibit 4-17). In over 50% of programs, parenting education workshops were held at least monthly. Nearly as many programs reported holding Adult Literacy/ESL/GED classes monthly or more often. Employment assistance workshops (reported by 34.5% of Center Directors to be held monthly) and support/self help groups (30.3%) were also held relatively frequently. Not only were these meetings reported to be held most frequently, they were also among the topics that were reported to have the highest attendance. Center Directors reported the greatest attendance at the orientation (54.5% of Center Directors identified this meeting as one of the three most well-attended). Other popular meetings were reported to be parenting (35.9%), adult literacy (25.5%), child development (25.5%), and employment assistance (22.1%).

Exhibit 4-17
Frequency of Parent Activities/Workshops by Topic as Reported by Center Directors

Parent Meeting Topics	Percentage of Parent Meeting Topics			
	Center Directors/Administrative Teachers (*n* = 145)			
	Never	Once a Year	2-5 Times a Year	Monthly or More Often
Orientation to Head Start principles and practices	0.0	63.0	28.8	8.2
Adult literacy/ESL/GED classes	21.3	6.8	22.6	49.3
Employment assistance workshops	19.3	13.8	32.4	34.5
Basic finance and budgeting skills workshops	31.1	31.7	26.9	10.3
Parenting education workshops	3.5	15.9	30.3	50.3
Health/nutrition workshops	6.2	27.1	46.0	24.8
Child growth, behavior and development workshops	8.35	18.6	50.3	22.8
Social activities for adults only	29.6	22.1	26.2	2.0
Support or self help groups	34.85	12.4	23.4	30.3
Family violence education	15.1	32.4	38.6	13.8

Center Staff Contacts with Parents

Exhibit 4-18 conveys that Classroom Teachers reported high rates of contact with families when they dropped off or picked up their children (95.4% at least monthly), through notes sent to the home (89.0% monthly), at general parent meetings (88.6%), and through phone calls home (72.9%). Less frequently, classroom staff and parents met at parent/family workshops and during informal parent-staff conferences (both types of contacts were reported occurring at least monthly by a majority of the Classroom Teachers). One third of the Classroom Teachers (33.4%) reported monthly contact at scheduled meetings with parents at the center, and about one in ten (9.6%) had contact through home visits. Classroom Teachers in rural programs reported more frequent contact with parents at informal parent-staff conferences and parent meetings, through notes sent home, and at home visits than did Classroom Teachers in urban centers.

Exhibit 4-18
Types and Frequencies of Contacts with Parents Reported by Classroom Teachers

	Unweighted Percentages (n = 529)		
Type of Contact	Less Than Twice a Year	2-6 Times a Year	At Least Monthly
When parents drop off or pick up their children	0.9	3.8	95.4
Through notes sent to the home	3.9	7.1	89.0
At general parent meetings	4.9	6.7	88.6
Through phone calls home	5.2	22.0	72.9
At Head Start parent/family activities and workshops	12.3	32.4	55.3
During informal parent-staff conferences	9.0	37.5	53.5
At scheduled meetings with individual parents at the center	5.3	61.3	33.4
During home visits	2.0	88.5	9.6

Classroom Teachers also reported attempts to encourage parents to become involved or at least to spend time with other Head Start parents (Exhibit 4-19). Among these efforts, Classroom Teachers most frequently encouraged parents to share their skills with others (54.0%), introduced parents or family members to other adults at the center (41.7%), and encouraged veteran parents to orient new parents to the center routines and activities (40.7%). Approximately 1 in 5 Center Teachers (18.2%) encouraged parents to call other parents.

Exhibit 4-19
Activities to Promote Contacts among Parents Reported by Classroom Teachers

	Unweighted Percentages (n = 529)		
Type of Activity Promoted	Rarely or Never	Sometimes	Frequently
Found out what skills parents have that could be shared	4.5	41.4	54.0
Introduced parents or family members	16.1	42.2	41.7
Encouraged veteran parents to orient newer parents	20.9	38.4	40.7
Encouraged parents or family members to call other parents	36.8	45.0	18.2

Use of Parent Volunteers in Head Start

Classroom Teachers reported that approximately three parents per week volunteered in their classrooms, and that approximately 31% of these volunteers were male. About 30% of teachers indicated that parents volunteered in the classroom every day; another 42% indicated that parents were present once a week or more often. Before serving as a volunteer, parents were provided with an orientation that included center or Head Start policies (as reported by 100% of the Parent Involvement Coordinators), roles and responsibilities of volunteers (100%), organizational structure of Head Start (97.5%), and information regarding parent volunteering that was contained in the Head Start Program Performance Standards (95%). Exhibit 4-20 indicates how parent volunteers were typically used in Head Start classrooms. For over 90% of classrooms, parents were asked to help with special events (97.7%), assist classroom staff during mealtimes (96.0%), clean up the classroom (91.3%), and serve as classroom aides (90.7%). These routine activities required that parents visit the center and be involved in classroom activities. Less frequently, parents were asked to prepare education materials (81.3% of classrooms), contribute supplies (79.3%), contact parents to notify them of meetings (74.7%), help with curriculum planning (64.8%), assist in the preparation of a newsletter for parents (55.7%), serve as a parent workshop leader (45.8%), and participate in home visits (16.6%). In centers located in Puerto Rico, parents appeared to be more frequently used in responsible roles such as serving as parent workshop leaders (77.8%) or participating in home visits (55.6%). Staff in the Western region of the nation were more likely to ask parents to act as interpreters (75.2%).

There were some regional and urban-rural differences observed in the use of parent volunteers. For several roles, Classroom Teachers in the South indicated that they employed parent volunteers more than other regions; these included contributing supplies, $\chi^2 = 12.8, p < .01$, and contacting parents to notify them of meetings, $\chi^2 = 14.7, p < .01$. In addition, the Classroom Teachers in the South appeared to involve parents more often in preparing newsletters for parents, $\chi^2 = 23.5, p < .01$, and participating in home visits, $\chi^2 = 38.2, p < .01$. Classroom teachers in the West reported more use of parents to advise on ethnic customs, $\chi^2 = 26.5, p < .01$, to serve as workshop leaders, $\chi^2 = 11.9, p < .05$, and as interpreters in the classroom, $\chi^2 = 70.3, p < .01$. Finally, teachers in the Northeast reported that parents were employed in chores or maintenance more than teachers in other regions, $\chi^2 = 16.3, p < .01$.

Some differences were reported by teachers from rural and urban areas as well. Classroom Teachers from rural areas were more likely to report that parents assisted classroom staff during mealtimes, $\chi^2 = 8.4$, $p < .01$, and that parents served as classroom aides, $\chi^2 = 9.9$, $p < .01$, while those from urban areas reported more frequent use of parents as interpreters, $\chi^2 = 6.4$, $p < .05$.

Exhibit 4-20
Use of Parent Volunteers in the Classroom as Reported by Classroom Teachers

	Unweighted Percentages						
	North-east (*n*=37)	Mid-west (*n*=135)	South (*n*=197)	West (*n*=120)	Puerto Rico (*n*=18)	Rural (*n*=143)	Urban (*n*=364)
Helping with special events[a]	90.9	98.1	98.6	97.7	--	97.8	97.7
Assisting staff during mealtimes	97.2	98.5	96.9	92.4	88.9	100.0	94.5
Cleaning up classroom[a]	81.8	88.4	94.1	92.9	--	87.8	92.6
Serving as classroom aide	97.3	89.6	92.4	85.8	100.0	97.2	88.2
Preparing educational materials[a]	72.7	79.4	81.2	86.1	--	81.5	81.3
Contributing supplies[a]	68.2	80.6	86.9	68.2	--	84.6	77.3
Contacting parents about meetings	65.7	67.2	79.6	73.5	100.0	76.8	73.8
Helping with curriculum planning[a]	54.6	68.9	62.3	66.3	--	65.2	64.6
Doing chores or maintenance[a]	81.8	56.9	73.9	52.3	--	70.3	61.9
Advising on ethnic customs	60.0	48.2	55.6	76.3	83.3	61.5	59.1
Preparing a newsletter for parents	40.6	49.6	63.4	47.9	94.4	56.3	55.4
Serving as a parent workshop leader	40.0	38.0	46.4	50.0	77.8	47.9	44.9
Interpreting in the classroom	34.4	29.8	31.6	75.2	0.0	32.8	46.1
Participating in home visits	11.1	11.3	23.5	6.8	55.6	12.0	18.4

[a] *N* = 349; these items were not included in the spring 1997 interview (Northeast *n* = 22; Midwest *n* = 103; South *n* = 138; West *n* = 86; Rural *n* = 92; Urban *n* = 257)

In addition to those tasks, parent volunteers often participated in health screenings. The Parent Involvement Coordinators reported that parents assisted in height/weight measurements in 63.6% of programs and assisted with vision screenings (48.6%). Far less frequently, parent volunteers were allowed to check immunization records (11.1%) and enter data in medical records (5.4%).

Present and former Head Start parents were frequently employed by the program (Exhibit 4-21). Although about 25% of Center Directors/Administrative Teachers could not address the numbers of former or present parents employed by their centers, 93.1% of those Center Directors that did answer indicated that their centers employed current or former Head Start parents. Almost 80% of those centers had Head Start parents or former Head Start parents serving as classroom aides. At the program level, Parent Involvement Coordinators reported that over 90% of the 40 FACES programs employed former or current parents as teachers in their classrooms.

Exhibit 4-21
Former or Current Head Start Parents Employed by Head Start, as Reported by Center Directors

Job Category	Unweighted Percentage of Centers (*n* = 116)
Teacher	49.0
Teacher's aide	79.1
Cook	46.4
Meal preparation assistant	18.4
Bus driver	36.6
Maintenance staff	22.5
Administrator	35.7

Home Visits by Head Start Staff

Home visits were required of Head Start staff in every program (as reported by Parent Involvement Coordinators) and in all but three centers (as reported by the Center Directors). For about 75% of the centers, two yearly visits were the minimum. For the remaining programs and centers, three visits were the minimum according to both the Parent Involvement Coordinators, who reported that 15% of their programs required three visits, and Center Directors, who indicated the same for about 25% of centers.

The primary goals for home visits by the center staff as reported by Center Directors and Classroom Teachers are identified in Exhibit 4-22. Their top two goals for these visits were to inform parents about Head Start and the services it offers and to provide assistance with basic needs.

Exhibit 4-22

Main Goals of Head Start Staff During Home Visits, as Reported by Center Directors and Classroom Teachers

Services Provided During Home Visits	Percentage Indicating Service as one of Top Three Goals: Center Directors (*n* = 89)	Percentage Indicating Service as one of Top Three Goals: Classroom Teachers (*n* = 507)
Provide educational experiences to the Head Start children	32.6	35.9
Provide educational experiences to other children in the household	22.5	12.2
Provide instructions to caregiver on parenting, education, or child development	13.5	37.8
Address issues of family health	12.4	15.5
Provide informal counseling or addressing personal issues	16.7	15.5
Provide education information or referral for caregivers	45.2	30.6
Provide assistance with basic needs	61.1	58.6
Inform parents about Head Start and the services it offers	72.6	55.7
Inform parents about the progress of their own children	23.4	40.9

Male Involvement in Head Start

Each of the Coordinators and the Center Directors were asked whether their programs or centers had a staff person designated specifically to encourage male involvement. Staff from all programs indicated they had active male involvement programs in place; however, many were limited to only a few male participants either because the males were working or were absent from the families. As indicated in Exhibit 4-23, responses to questions regarding male involvement drew similar patterns of response from all the groups questioned. In addition to workshops targeted to men, the staff members responsible for male involvement frequently offered job referrals and crisis intervention. About 70% of Center Directors reported that men regularly served as class volunteers and chaperones for field trips. Over 90% of respondents (including all Coordinators) indicated that men regularly served on Parent Policy Councils. Nevertheless, only about 10% of Center Directors and Coordinators felt that the male involvement program was “very successful,” while about 40% felt the program was not yet successful.

Exhibit 4-23
Workshops Targeted for Males, as Reported by Component Coordinators

Workshop Topics	Percentage Indicating Topic is Offered in Workshops Specifically Targeted for Males EC (*n* = 38)	SSC (*n* = 40)	PIC (*n* = 38)	HC (*n* = 41)
Adult literacy/ESL/GED classes	42.1	37.5	26.3	50.0
Employment assistance workshops	57.9	47.5	47.4	33.3
Basic finance and budgeting skills workshops	50.0	35.0	26.3	28.6
Partner or family relationships workshops	50.0	65.0	23.7	38.5
Parenting workshops	50.0	60.0	50.0	42.9
Health/nutrition workshops	34.2	30.0	28.9	35.7
Child growth, behavior and development workshops	31.6	42.5	31.6	30.8
Social activities for adults only	50.0	77.5	68.4	50.0
Adult-child outings	34.2	66.5	57.9	38.5
Support or self help groups for men	50.0	47.5	39.5	35.7
Special events/family celebrations	34.2	65.0	84.2	57.1

Barriers to Parent Involvement in Head Start

Center Directors, Classroom Teachers and Component Coordinators agreed that parents' work, school, or job training schedules were the most significant barriers to parent participation in the Head Start program (Exhibit 4-24). These findings are similar to those reported in Chapter 7 of Section II. Over 60% of all groups, with the exception of Health Coordinators (51.3%), indicated that scheduling was often a barrier to participation. Lack of childcare and lack of transportation were also problems in many cases, although staff from urban programs compared to those in rural areas identified those problems more often. Classroom Teachers in urban programs identified childcare as a frequent problem in 47% of their responses, $\chi 2 = 20.3, p < .01$, compared to 26% of those in rural areas. Similarly, lack of transportation was rated as a frequent problem by 30.3% of Classroom Teachers in urban programs compared to only 16% of those in rural areas, $\chi 2 = 9.6, p < .01$.

Exhibit 4-24

Barriers to Parent Participation as Reported by Center Directors, Classroom Teachers, and Component Coordinators

	Percentage Rating Barrier as "Often a Factor"					
Barriers to Parent Participation	CD (*n* = 89)	CT (*n* = 527)	EC (*n* = 38)	SSC (*n* = 35)	PIC (*n* = 38)	HC (*n* = 41)
Work or school/training schedule	64.5	61.2	65.8	68.6	76.3	51.3
Lack of child care	42.6	39.7	39.5	45.7	57.9	43.6
Lack of transportation	47.2	26.0	31.6	37.1	52.6	51.3
Did not feel welcome or comfortable	7.3	0.6	0.0	2.9	0.0	0.0
Did not know others at Head Start	4.5	4.7	2.6	11.4	10.5	5.4
Parent, child or family health problem	4.5	3.1	5.3	0.0	5.3	5.1
Language or cultural barriers	4.5	3.4	2.6	8.6	13.2	5.1
Safety concerns about neighborhood	4.5	1.0	0.0	0.0	2.6	2.6
Family issues	2.6	1.2	----	----	----	----
Lack of information and notice	0.0	2.3	----	----	----	----

In Exhibit 4-25, Center Directors, Classroom Teachers and Component Coordinators reported their views on problems in planning or having parent activities. The most frequent problem identified was offering activities at times convenient for parents (cited by 40% of Center Director and 53% of Classroom Teachers). The lack of funding for activities was identified by about one third of both Center Directors and Classroom Teachers and one half of the Parent Involvement Coordinators. Finally, finding alternate sites when the Head Start centers were not available or appropriate was reported by more than 20% of Center Directors, Classroom Teachers, and Social Service Coordinators, over 30% of Health Coordinators, and about 45% of Education Coordinators and Parent Involvement Coordinators.

Exhibit 4-25

Problems in Planning or Having Parent Activities as Reported by Center Directors and Classroom Teachers and Component Coordinators

	Percentage Indicating Problem was Present					
Problems in Planning or Having Parent Meetings	CD (*n* = 89)	CT (*n* = 523)	EC (*n* = 38)	SSC (*n* = 39)	PIC (*n* = 40)	HC (*n* = 41)
Difficulty offering activities at convenient times	40.6	53.2	44.7	48.7	47.5	73.2
Not enough money for parent activities	34.5	33.7	28.9	17.9	50.0	12.2
Finding an alternate site when center is not available/appropriate	21.7	29.1	44.7	28.2	45.0	34.1
Difficulty getting outside resources (e.g., guest speakers)	13.9	18.8	26.3	2.6	25.0	9.8

Problems in Planning or Having Parent Meetings	Percentage Indicating Problem was Present CD (*n* = 89)	 CT (*n* = 523)	 EC (*n* = 38)	 SSC (*n* = 39)	 PIC (*n* = 40)	 HC (*n* = 41)
Lack of cooperation or support of staff	11.1	15.2	18.4	20.5	27.5	22.0
Lack of agreement among staff on parents' needs and interests	6.7	15.3	28.9	20.5	17.5	12.2
Not having interpreters available	3.4	18.6	21.1	23.1	22.5	22.0
Difficulty informing parents of upcoming activities	0.0	15.1	18.4	17.9	10.0	17.1
Not enough of the right staff to plan or implement activity	23.7	23.1	23.7	23.1	30.0	19.5
Not enough staff time given other duties	52.6	48.7	52.6	48.7	62.5	51.2

4.5 Summary

Section 4.4 presented findings on Head Start staff efforts to engage parents of enrolled children in program activities, including male involvement. The following is a summary of the key findings.

Staff Goals for Families and Children

- Center Directors and Classroom Teachers reported that their most important goals for families were to teach them about child development and parenting and to inform them about their own children's development. Other important goals that staff had for families included informing them about support services available in the community, helping parents become economically self-sufficient, and helping parents identify their personal goals and ways to achieve them.

Contacts with Parents

- Teachers used a variety of ways to keep in contact with parents. Most teachers reported at least monthly contact with parents through informal means, such as when parents dropped off their children, at general parent meetings, as well as through notes and phone calls home.

- About one half of the teachers reported at least monthly contact with parents at parent/family activities and informal parent-staff conferences. One third reported monthly contact at scheduled meetings with parents at the center, and about 10% through home visits.

- Teachers reported that they often asked parents to participate in ways designed to help them meet and develop relationships with other Head Start parents. For instance, 54% of teachers said they asked parents to identify skills they could share with other parents; about 41% said they introduced parents to one another or asked parents to orient new parents to the center, and about 18% asked parents to call other parents.

- Classroom Teachers in rural programs, more often than Classroom Teachers in urban programs, reported more frequent contacts with parents at informal parent-staff conferences and parent meetings, through notes sent home, and at home visits.

Parent Volunteer Programs

- More than 90% of Classroom Teachers reported that parent volunteers in their classrooms assisted during mealtimes, helped to clean up classrooms, served as classroom aides, and assisted at special events during the past Head Start year. These routine activities, in general, required that parents visit the centers and be involved in classroom activities.

- Approximately 70-80% of teachers reported that parent volunteers in their classrooms assisted in preparing educational materials, notified other parents about upcoming meetings or events, or contributed supplies.

- Approximately 45-65% of classroom teachers employed parent volunteers in activities requiring involvement in planning and management of program activities such as assisting with curriculum planning, preparing newsletters, or preparing or leading workshops.

- About 16% of teachers reported using parent volunteers to assist in home visits to other Head Start parents. Staff in the Western region of the nation were more likely to ask parents to act as interpreters.

- Staff from all programs reported that they had active male involvement programs in place; however, many were limited to only a few male participants either because the males were working or were absent from the families.

Barriers to Parent Involvement in the Head Start Program

- Staff reported that parents' work and school commitments were the dominant barriers to parent involvement. Lack of transportation and childcare were also frequently cited.

- Staff from urban programs more frequently indicated that transportation and childcare were significant barriers to parent involvement than staff from rural programs.

4.6 Head Start Family Services

The following sections are concerned with Head Start staff efforts to provide or facilitate delivery of important support services to Head Start families. In most centers, a Family Service Worker is assigned to each family. Program staff interviews provided information about the development of needs assessments, family action plans, patterns of agency referrals, and services provided directly by Head Start programs. In addition, staff provided a profile of the family risk factors based on their caseloads.

The Social Services Component

The Head Start family service program, at the start of data collection, was organized under the direction of a Social Services Coordinator (SSC), and included Family Service Workers, consultants, and clerical staff. The Coordinators for the 40 programs in Head Start FACES reported a total of 662 staff (an average of over 16 staff per program; range 2 to 66) under their direction. The Social Service Coordinators were responsible for assignment of Family Service Worker caseloads and for ensuring that Family Needs Assessments (FNA) and Family Assistance Plans (FAP)[2] were completed.

In the 40 FACES programs, Family Service Workers reported an average caseload of 70.5 families.[3] Family Service Workers employed by programs in rural areas had far smaller caseloads (M = 50.6 families; SD = 32.8) than those in urban programs (M = 80.3; SD = 53.0) and this difference was significant, $t(142) = 4.1$; $p < .01$. Further, caseloads assigned to Family Service Workers in the West (M = 96.4, SD = 78.2) were significantly larger than caseloads elsewhere in the nation, $F(3,135) = 2.95$; $p < .01$. Overall, 60% of Social Service Coordinators and 45.5% of Family Service Workers felt the caseloads were too large.

Social Service Coordinators and Family Service Workers were in substantial agreement about the factors related to case assignment (Exhibit 4-26). Generally, caseloads were assigned by center. In larger centers, the Family Service Workers could be assigned a set of classrooms within a center. In rural areas where distances between families may be great, some priority for assignment was given to geographical factors.

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[2] Many programs now employ the Family Partnership Agreement (FPA) rather than the Family Assistance Plan. The FPA emphasises use of family strengths in the solution of family needs.

[3] The Head Start Program Performance Standards recommend caseloads of up to 45 families.

Exhibit 4-26

Factors Determining How Families Were Assigned to Family Service Worker Caseloads, as Reported by Social Services Coordinators and Family Service Workers

Factors in Assignment of Families to Family Service Worker Caseloads	Percentage Indicating Factor is One of the Three Highest Priorities for Assignment	
	Social Service Coordinators (*n* = 40)	Family Service Workers (*n* = 144)
Child's center	55.0	58.7
Child's classroom	20.0	15.3
Geographic location of the family	10.0	11.4
Type/level of family's need	10.0	4.8
Previous experience with specific family	5.0	3.8
Caseload size	0.0	3.8
Language, ethnic, or cultural match between FSW and family	0.0	2.2

Nearly 60% of Family Service Workers reported that they had their first contacts with families during recruitment, another 26.8% had contact when the children enrolled, and the remaining case workers met their families shortly after the children began class. Once a case was assigned, the Family Service Worker was responsible for collaborating with the family on the preparation of a FNA. Nearly 80% of Family Service Workers reported that they completed a written FNA with every family assigned to them and completed written FAPs for about one half of those families. In the process, virtually all Family Service Workers (99.4%) discussed goals and objectives with the families, prepared the written FNA with them (98.1%), and asked them to sign a copy of the plan (96.8%). Just under one half (43.8%) gave a copy to the families.

According to Social Service Coordinators, about 40% of the programs used the FNA form provided by the national Head Start administration and the remainder used a form prepared by the grantee or delegate agency administrators. In preparing the FAP, the case managers discussed the objectives and goals with the families (99.2%), prepared the written plan with them (93.8%), and asked the families to sign copies (86.8%). Again, just under one half (43.8%) left copies of the FAPs with the families. About 40% of the Family Service Workers reported that they reviewed and updated their plans at least once within a three-month period, while 46.5% revised the FAP as needed. About 40% of Family Service Workers indicated that if a family had a new need for services, they would most likely learn about it through a contact initiated by the family; another 31.5% believed they would first learn of a family's new problem through routine contact with the family, and another 20.3% felt that they would learn of the problem through a referral from another Head Start staff member such as the Classroom Teacher.

Family Service Workers reported a wide variation in the number of face-to-face contacts with their families. They estimated that they saw less than one fifth of their caseloads (18.1%) just once or twice during the year, another 21.1% were seen three to six times during the year, 20.3% were seen once a month, 16.7% more than once a month, and about one quarter of the caseloads (23.8%) were seen once a week or more. About 43.6% were required to make at least one or two home visits, one third were required to make at least three visits, and the remaining 23.7% were expected to complete more than three home visits during the program year.

Exhibit 4-27 contains information about the activities that Social Service staff reported spending time on with families. As shown, the Social Service Coordinators were in almost unanimous agreement that the main activities with families that were important to their component were to provide social service information or referrals to caregivers (95.0% identified this activity as one of the three most important) and to provide informal counseling or address personal needs (92.5%). These two activities were also identified by a high percentage of Family Service Workers (84.0% identified provision of social service information and 66.0% specified informal counseling). In addition, over 70% of Family Service Workers and 55.0% of Social Service Coordinators identified providing assistance with basic needs as one of their three most important goals in working with families.

Exhibit 4-27

Main Activities with Families by Social Service Staff, as Reported by Social Service Coordinators and Family Service Workers

Services Provided By Social Service Staff	Percentage Indicating Service as one of Top Three Goals: SSC (*n* = 40)	FSW (*n* = 143)
Provide educational experiences to Head Start children	2.5	12.2
Provide educational experiences to other children in the household	0.0	0.0
Educate the caregivers on parenting, education, or child development	40.0	39.2
Address issues of family health	15.0	26.6
Provide informal counseling or address personal issues	92.5	66.0
Provide social service information or referrals to caregivers	95.0	84.0
Provide assistance with basic needs	55.0	71.9

Family Risk Factors Observed by Head Start Staff

Head Start children often live in households where families face many barriers to success in today's society. Head Start staff, in turn, must be aware of each child's individual situation in order to provide services that meet those needs. Both Center Directors and Family Service Workers reported the relative frequency of family risks that they were aware of for children enrolled in their centers or as part of their caseloads, respectively. Center Directors reported, in line with national projections from the Head Start Program Information Report, that about 12.6% of the children in their centers had disabilities (Exhibit 4-28).

Exhibit 4-28

Children and Families with Selected Risk Factors by Urbanicity and Geographic Region as Reported by Center Directors [a]

	Unweighted Percentages					
	Urbanicity		Geographic Region [b]			
	Urban (*n*=4,838)	Rural (*n*=1,905)	North-east (*n*=749)	South (*n*=3,009)	Midwest (*n*=1,259)	West (*n*=1,606)
Children with disabilities	12.2	13.2	13.0	12.3	12.4	12.9
Children living in foster homes	3.4	2.2	1.6	2.4	5.4	3.1
Children living in homes with families reported for child abuse	2.6	3.5	2.4	1.7	7.5	2.6
Children living in homes with families reported for child neglect	2.9	3.1	1.6	0.9	8.3	2.3
Children living in homes with families reported for other family violence	2.3	2.9	1.3	1.0	5.7	1.6
Children living in homes with family members who were victims of family violence	3.9	6.9	1.7	5.0	4.2	6.5
Families with household members living with AIDS	0.2	0.1	0.0	0.2	0.3	0.3

	Unweighted Percentages					
	Urbanicity		Geographic Region[b]			
	Urban (n=4,838)	Rural (n=1,905)	North-east (n=749)	South (n=3,009)	Midwest (n=1,259)	West (n=1,606)
Families with household members living with a substance abuse problem	8.9	11.9	5.2	7.2	13.1	9.5
Families with household members currently in prison	3.1	4.1	2.6	3.0	6.2	7.6
Families with household members living with a physical or mental disability	1.6	3.7	1.7	3.2	2.0	5.0

[a] Reported *N*s are based on the total center enrollment reported by 119 Center Directors (including Center Directors managing multiple centers).

[b] Puerto Rico not included

Generally, where family risks were reported by both types of staff, Center Directors reported higher levels of risk than Family Service Workers. It should be noted that the samples upon which these two groups of Head Start staff were reporting were somewhat different. Although Family Service Workers' caseloads were sometimes associated with a group of centers, they were not necessarily limited to or representative of those centers in which FACES was being conducted.

Both Center Directors and Family Service Workers (Exhibit 4-29) reported that, after the presence of a child with a disability, the most prevalent family risk factor observed was the presence of a household member living with a substance abuse problem. Although Center Directors reported a higher prevalence of this problem overall (9.3% versus 5.4% for Family Service Workers), this problem was perceived by both groups of staff to be more prevalent in the families served by Head Start programs in the Midwest than in other regions, $\chi^2 = 52.3$, $p < .01$, for Center Directors, and $\chi^2 = 92.9$, $p < .01$, for Family Service Workers. As well, substance abuse as a proportion of caseload was reported at higher rates by Family Service Workers employed in rural areas more than those employed by urban programs, $\chi^2 = 17.1$, $p < .01$.

Exhibit 4-29
Families with Selected Risk Factors by Urbanicity and Geographic Region, as Reported by Family Service Workers

	Unweighted Percentages[a]					
	Urbanicity		Geographic Region[b]			
	Urban (n=7,705)	Rural (n=2,376)	North-east (n=944)	South (n=3,516)	Midwest (n=2,520)	West (n=2,602)
Reported for child abuse	2.7	4.2	4.6	1.1	4.6	1.4
Reported for child neglect	1.4	2.1	1.1	1.1	1.8	0.7
Reported for other family violence	1.2	2.0	4.0	0.7	2.3	0.9
Household member with AIDS	0.1	0.1	0.7	0.2	0.0	0.0
Substance abuser in household	4.9	7.7	7.9	4.2	10.6	7.9
Household member in prison	2.2	3.5	5.3	2.0	7.0	4.1
Household member with disability	4.1	6.4	9.9	3.7	6.7	4.8
Family violence victim in household	4.3	6.9	6.9	2.3	6.3	6.2

[a] Reported *N*s are based on the total caseloads reported by Family Service Workers.
[b] Puerto Rico not included.

Families served by the Center Directors and Family Service Workers interviewed in the Midwest also were generally reported to have a higher likelihood of being reported for child abuse, $\chi^2 = 103.3, p < .01$ (for Center Directors) and $\chi^2 = 105.9, p < .01$ (for Family Service Workers), child neglect, $\chi^2 = 190.1, p < .01$ (for Center Directors) and $\chi^2 = 13.7, p < .05$ (for Family Service Workers). Center Directors also reported a higher prevalence of other forms of family violence in the Midwest, $\chi^2 = 102.6$, $p < .01$, but this result was contradicted by Family Service Workers, where those in the Northeast reported higher rates for this problem, $\chi^2 = 72.4, p < .01$. In each case, staff perceptions of the rates of reported abuse or neglect were slightly higher in rural areas, although not significantly so for any of these indicators. Staff reported rates of household members who were victims of family violence were higher in the Midwest and West, $\chi^2 = 26.9, p < .01$ (for Center Directors) and $\chi^2 = 79.7, p < .01$ (for Family Service Workers). For this problem, a higher rate was reported by staff from programs in rural areas, $\chi^2 = 21.6, p < .01$ (for Center Directors) and $\chi^2 = 17.6, p < .01$ (for Family Service Workers). Finally, the occurrence of family members in prison, again, was reported to be higher by Center Directors in the Midwest, $\chi^2 = 63.5, p < .01$, and by Family Service Workers in the Midwest and the West, $\chi^2 = 94.1, p < .01$.

As indicated above, Center Directors generally reported higher percentages of risk factors in families of their enrolled children than Family Service Workers reported in their caseloads. The one exception to this trend was for the reported prevalence of household members living with a physical or mental disability. Here, Center Directors reported a rate of 2.5% versus 4.8% for Family Service Workers.

Referrals and Head Start Services

Component Coordinators and Center Directors each reported on the types of services that Head Start provides directly and those for which they provide assistance. As shown in Exhibit 4-30 (and for Center Directors in Appendix C-10), the data indicate that, for the most part, Head Start programs provided direct services relatively infrequently, but provided referrals and assistance on a regular basis.

Exhibit 4-30
Head Start Assistance to Families as Reported by Component Coordinators

	Unweighted Percentages (*n* = 156)		
Type of Community Service/Assistance	HS Does Not Provide	HS Refers or Assists	HS Provides Directly
Income assistance (welfare, SSI, unemployment)	1.4	97.2	1.4
Food/nutrition services	0.7	95.1	4.2
Housing assistance	2.2	95.0	2.9
Utilities assistance	2.8	93.1	4.2
Job training/employment assistance	2.1	86.4	11.4
Literacy/basic education programs	0.0	75.0	25.0
Transportation assistance	9.6	68.3	22.1
Child care for preschool children	4.0	74.4	21.6
Child care for older children	0.0	41.7	58.3
Medical/dental care for children	0.0	77.6	22.4
Medical/dental care for adults	4.8	92.8	2.4
Health insurance (e.g., Medicaid)	3.7	96.3	0.0
Alcohol/drug treatment or counseling	1.4	92.9	5.7
Mental health services	0.7	86.3	13.0
Legal aid	1.6	96.9	1.6
Family violence assistance programs	0.0	94.3	5.7
Other family assistance programs	0.0	90.3	9.7

The most frequently reported direct services provided by Head Start agencies were child care (21.6% for preschool children and 28.3% for other children), literacy/ basic education programs (24.8%), medical/ dental care for children (22.4%), and transportation assistance (22.1%). At the other end of the spectrum, direct services reported by Component Coordinators to be provided least frequently were health insurance (0.0%), income assistance (1.4%), legal aid (1.6%), medical/dental care for adults (2.4%), housing assistance (2.9%), and food/nutrition services (4.2%).

Family Service Workers, in turn, reported on the numbers of referrals that they had made in the previous year. Referrals for medical/dental care for adults (58.5% of Family Service Workers reported more than 10 such referrals), literacy/basic education (50.5%), food/nutrition (47.9%), child care (44.4%), and job training/employment assistance (40.9%) were reported to be the most frequent referrals. Least frequent referrals were in the categories of alcohol/drug treatment or counseling (42.3% of Family Service Workers reported no referrals for this service), family violence assistance (35.9% no referrals), transportation assistance (33.1% no referrals), and legal aid (30.3% no referrals).

4.7 Summary

Section 4.6 presented findings on Head Start staff efforts to provide or facilitate delivery of important support services to Head Start families. The following is a summary of the key findings.

- Family Service Workers served an average of 70 families in their caseloads. Larger caseloads were found in programs located in urban areas and in the West.

- Sixty percent of Social Service Coordinators and 45% of Family Service Workers felt their caseloads were too large.

- Family Service Workers reported completing a Family Assistance Plan for about one half of the families in their caseload. Although nearly all families were reported to have signed their FAPs, only 43.8% were given a copy of that plan.

- Family Service Workers reported meeting face-to-face with almost one quarter of their families on a weekly basis, but that they met with about one fifth of their families only once or twice during the program year.

- Family Service Workers and Center Directors were in general agreement about the rank order of family risk factors that Head Start families faced. In general, Center Directors reported higher rates for family risks. Substance abuse was the most frequent family risk factor noted by both types of Head Start staff.

- Rates of most Head Start family risk factors were reported to be higher in the Midwest, followed by the West, and also in rural areas of the nation.

- Head Start Component Coordinators reported that the program referred families for services for a wide variety of family needs. Over and above direct Head Start services, child care was the service reported to be provided most often, followed by literacy/basic education, medical/dental care for children, and transportation assistance.

- Family Service Workers reported the highest numbers of referrals for medical/dental care for adults, literacy/basic education, food/nutrition services, child care, and job training and employment assistance.

4.8 Health Services for Head Start Children and Families

The following sections cover the frequency of child health problems and family health risks reported by Head Start Health Coordinators, the use of parent volunteers in the delivery of health screenings for Head Start children, and the types and frequencies of workshops provided for parents by Head Start.

The Head Start Health Component

The Head Start health service program, at the start of data collection, was organized under the direction of a Health Coordinator, and may have included a Mental Health Coordinator, a Disabilities Coordinator, a Nutrition Coordinator, nurses, nutritionists, cooks and food service staff, consultants, and clerical staff. For many programs, individual staff members were able to fill two or more of these roles (for example, the Health Coordinator may have also served as the Mental Health Coordinator). The Coordinators for the 40 programs reported a total of 526 staff, an average of over 13 staff per program (range 4 to 44) under their direction. The Health Coordinator was responsible for completion of health, mental health, and dental health screenings, review and maintenance of children's health records, referrals for health evaluations and services, nutrition, classroom hygiene activities, health-related parent workshops, and for follow-up of routine health services such as immunizations and dental services.

Child Health Problems in Head Start

Head Start Health Coordinators[4] were asked to report on the most frequent child health problems that they observed in their programs. As shown in Exhibit 4-31, dental health was by far the most frequently identified health problem for Head Start children. Sixty three percent of the coordinators identified this problem as one of the top three health problems for children in their program. Infectious illness (54.2%), speech and language problems (43.4%), asthma (42.2%), and lice (36.9%) were also identified by more than one third of the Health Coordinators.

Exhibit 4-31

Most Frequent Child Health Problems as Reported by Health Coordinators

Child Health Problems	Unweighted Percentage of Health Coordinators Indicating Health Problem is One of Top Three for their Program (*n* = 41)
Dental health	63.4
Infectious diseases	53.7
Speech/language problems	43.9
Asthma	41.5
Lice	36.6
Ear infections	22.0
Lack of immunizations	19.5
Vision impairments	9.8
Blood disorders	7.3

Health Coordinators also identified the most prevalent health risk factors that affected the families of children enrolled in Head Start (Exhibit 4-32). In total, 33 of the 40 Health Coordinators (85.0%) placed lack of parenting skills among the three top health risks for Head Start families. Extreme home stress, abuse/neglect, and inadequate housing were mentioned as risk factors by 45% of the Health Coordinators. Thus, Health Coordinators generally identified social factors in the Head Start children's home environments as presenting the most serious health risks rather than physical needs such as access to support services, actual health threats like HIV infections, or community factors such as violence.

Exhibit 4-32

Top Three Health Risks to Families as Reported by Health Coordinators

Health Risks	Percentage of Risks in Top Three (*N* = 40)
Lack of parenting skills	85.0
Extreme home stress	45.0
Abuse and neglect	45.0
Inadequate housing	45.0
Community violence	22.5
Lack of access to support services	22.5

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[4] The reports from a previous project, the Descriptive Study of Head Start Health Services, completed in 1994 by the CDM Group, contains results from a complete set of Head Start health service staff. For FACES, only the Health Coordinator was interviewed.

Health Risks	Percentage of Risks in Top Three (*N* = 40)
Lack of immunizations	22.5
Poor nutrition	15.0
Inadequate clothing	0.0
HIV / AIDS / STD	0.0

Head Start Health Services, Parent Volunteers, and Parent Workshops

Head Start provides or arranges for a variety of health screenings and services. As indicated in Exhibit 4-33, Health Coordinators reported that reviews of immunization records and administration of needed immunizations were required prior to enrollment in 57.5% and 45.0% of the programs, respectively. Similarly, tuberculosis and anemia test reports were required prior to enrollment by 30% and 22.5% of the programs. In most cases where children had not received these screenings prior to enrollment, Head Start staff either completed the screenings or made a referral to an outside service. Coordinators in a majority of programs reported that they provided health screening and measurements for height/weight, vision testing, hearing testing, speech assessment, and developmental/behavioral screenings. Outside services were reported to be required most often for dental examinations and TB screenings (both 62.5% of programs), hemoglobin/hematocrit testing (57.5%), lead testing (52.5%), and urinalysis (50.0%).

Exhibit 4-33

Requirements for Health Screenings and Measurements as Reported by Health Coordinators

	Unweighted Percentages (*N* = 40)			
Screening or Measurement	Required Before Entrance	Head Start Provides	Outside Service Provides	Not Required
Head circumference	7.5	27.5	25.0	40.0
Height/weight	12.5	80.0	7.5	0.0
Blood pressure	17.5	47.5	35.0	0.0
Vision testing	5.0	70.0	25.0	0.0
Hearing testing	5.0	72.5	27.5	0.0
Speech assessment	2.5	70.0	27.5	0.0
Urinalysis	10.0	2.5	50.0	37.5
Lead testing	10.0	10.0	52.5	27.5

Screening or Measurement	Unweighted Percentages (*N* = 40) Required Before Entrance	Head Start Provides	Outside Service Provides	Not Required
TB testing	30.0	7.5	62.5	0.0
Intestinal parasite testing	5.0	0.0	50.0	45.0
Hemoglobin/hematocrit testing	22.5	20.0	57.5	0.0
Sickle cell testing	7.5	5.0	52.5	35.0
Dental examination	12.5	25.0	62.5	0.0
Developmental/behavioral screenings	2.5	72.5	25.0	0.0
Immunization review	57.5	32.5	10.0	0.0
Immunization administration	45.0	5.0	50.0	0.0

Parent volunteers were employed in a variety of health-related activities (Exhibit 4-34). Parent participation was most frequently reported for helping with oral hygiene in the classrooms (87.5% of programs), help with food preparation and helping to collect height and weight measures (75.0%), and help with vision testing and providing peer support to families in crisis (55.0%).

Exhibit 4-34
Use of Parent Volunteers in the Head Start Health Services Program, as Reported by Health Coordinators

Activity	Unweighted Percentages (*N* = 40)
Help with oral hygiene in the classroom	87.5
Help to measure height/weight	75.0
Help with food preparation	75.0
Help with vision testing	55.0
Provide peer support to families in crisis	55.0
Work with community health agencies	47.5
Develop forms/procedures for emergencies	40.0
Provide transportation to appointments	37.5
Review immunization records	15.0
Enter data on health records	10.0
Volunteer in child guidance clinics for mental health screenings	2.5

The Health Coordinators were responsible for conducting parent education workshops throughout the program year. As shown in Exhibit 4-35, nutrition/cooking workshops and parenting education workshops were reported to be most frequently offered. According to the Health Coordinators, nutrition/cooking was offered at least monthly by 32.5% of the programs, while parenting education was offered that frequently in 27.5% of programs. Only one program reported not having nutrition workshops at all. At least one program offered each of the workshops listed more than once a year, but in some programs some workshops were rarely offered or not offered at all. These included prenatal/postnatal care (not offered at all by 72.5% of Head Start programs in the study), lead poisoning (37.5%), physical fitness (35.0%), personal hygiene (32.5%), and assessing family needs (30.0%).

Exhibit 4-35

Frequency of Health-Related Parent Workshops, as Reported by Health Coordinators

	Unweighted Percentages (*N* = 40)			
Workshop	Never	Once	More than Once a Year	Monthly or More Often
First aid/CPR	10.0	50.0	35.0	5.0
Prenatal/postnatal care	72.5	7.5	10.0	5.0
Oral hygiene/dental care	7.5	42.5	35.0	15.0
Lead poisoning	37.5	37.5	25.0	0.0
Home safety/fire prevention	10.0	45.0	37.5	7.5
Childhood illnesses	15.0	35.0	40.0	10.0
Immunizations	22.5	32.5	35.0	10.0
Assessing family needs	30.0	40.0	17.5	12.5
Locating and using health services	22.5	32.5	32.5	12.5
Nutrition/cooking workshop	2.5	17.5	47.5	32.5
Personal hygiene	32.5	27.5	22.5	17.5
Physical fitness	35.0	32.5	30.0	2.5
Parenting education	12.5	7.5	52.5	27.5

4.9 Summary

Section 4.8 presented findings on the frequency of child health problems and family health risks reported by Head Start Health Coordinators, the use of parent volunteers in the delivery of health screenings for Head Start children, and the types and frequencies of workshops provided for parents by Head Start. The following is a summary of the key findings.

- Dental health was the most frequently identified health problem for Head Start children. For the 40 programs involved in the study, Health Coordinators reported that over 2,000 children were in need of dental services at entry into the program.
- Health risk factors identified by Health Coordinators were most frequently associated with the home environment. These included lack of parenting skills, extreme home stress, and family abuse/neglect.
- Head Start Health Coordinators reported that the programs, provided a wide variety of health measurements and screenings for children and arranged outside services for key health measures such as dental examinations, TB, anemia, and lead testing.

4.10 Staff and Program Characteristics Linked to Family Outcomes

The staff and parent interviews provided a significant opportunity for examining relationships across these information sources. From the Head Start program's perspective, the parent interviews included three key outcomes: 1) the kinds and frequencies of activities with family members the Head Start children experienced when not at the center, 2) the degree and type of involvement with Head Start program activities reported by individual parents, and 3) self-reported parent satisfaction with the Head Start program. The central concept underlying these analyses is that the characteristics of the Head Start staff (including staff experience, education, and training) and program (types and frequencies of parent-staff or parent-program contacts and interactions) might be related to such important outcomes as family-child activities, parent involvement, and parent satisfaction, regardless of where the program is located (region or urban/rural setting) or family background factors such as parent education, employment status, family income, or ethnicity. The analyses for this section were completed to provide information about associations among three categories of staff data and three measurement areas from the parent interviews.

Analytic Approach

For the analyses reported in this section, all measures from the staff interviews were aggregated to the center level. That is, average values for each measure were computed for all Classroom Teachers who were employed at each center where children whose parents were interviewed were enrolled. The reasoning behind this approach was that children often changed classrooms within a center but rarely changed centers during the course of a program year. Centers where at least two Classroom Teachers were interviewed in both fall 1997 and spring 1998 (a total of 179 centers) were included in the analyses. The following Classroom Teacher measures were computed or constructed for each Head Start center:

- **Classroom Teacher Experience.** The average total years of experience as a Head Start employee reported by teachers (*M* = 10.06, *SD* = 5.65, Range 0.75 – 30.0).

- **Classroom Teacher Education.** The average classroom teacher educational level (grades completed) reported by teachers (*M* = 14.44, *SD* = 1.4, Range 11.0 – 17.0).

- **Teacher Training.** The total training hours reported by teachers for the previous 12 months (*M* = 76.02, *SD* = 41.5, Range 21.0 – 196.0).

- **Parent-Teacher Contact.** An index of the frequency of contact that Classroom Teachers and parents might have in the Head Start classroom was constructed. Teachers reported that parent volunteers in their classrooms assisted during mealtimes, helped to clean up classrooms, served as classroom aides, assisted at special events, notified other parents about classroom events, and worked on educational materials for the classroom during the past Head Start year. These six activities, in general, required that parents visit the center, observe and/or be involved in classroom activities. Each item was scored as 0 (parent volunteers do not participate in this activity) or 1 (parents do participate in this activity). The average number of these activities reported by teachers was added to form this constructed measure (*M* = 5.29, *SD* = 1.3, Range = 4.48 - 6.0).

- **Parent-Program Contact.** An index of the frequency that parent volunteers in the Head Start program assisted with curriculum planning, participated in home visits, prepared newsletters, and/or led workshops. These four activities generally bring parents into contact with a variety of program staff and decision-makers. Each item was scored as 0 (parent volunteers do not participate in this activity) or 1 (parents do participate in this activity). The average number of these activities reported by teachers was added to form this constructed measure (*M* = 1.83, *SD* = 1.3, Range = 0.0 – 4.0).

- **Children's Academic Activities in the Classroom.** An index of the frequency that daily (or almost daily) activities included (1) reading stories, (2) number concepts, (3) colors, (4) science or nature, (5) solving puzzles and (6) working on letters of the alphabet. Each item ranges from a value of 1 (not offered in the classroom) to 5 (offered daily or almost daily). The average frequencies of these activities reported by teachers was added to form this constructed measure (*M* = 28.37, *SD* = 2.9, Range 13.0 – 30.0).

The family data included in these analyses were for 2,277 primary caregivers (parents)[5] who were interviewed at both fall 1997 and spring 1998 and whose child was enrolled in a center where two or more Classroom Teachers had been interviewed. Two sets of measures were taken from the parent interview. The first were family background characteristics.[6] They included:

- **Parents' education** (less than high school 28.3%; high school or GED 36.5%, at least some college 35.1%).

- **Parents' employment status** (51.0% employed).

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[5] In this section, the terms "primary caregiver" and " parent" are used interchangeably, although "primary caregiver" is technically correct. Almost 93% of the respondents to the Parent Interview were biological parents.

[6] These measures are described and discussed in chapter 4 of Section II. As shown, the sample of families and children included in these analyses are similar in all respects to the full parent sample.

- **Monthly Household Income** (*M* = $1,239, *SD* = 832.9).

- **Ethnicity of the Children** (African American 30.6%; Hispanic 24.5%, White 30.4%; other 14.4%).

The second set of measures was constructed by adding together parent responses to sets of related questions. These measures were considered outcomes for the present analyses and included:

- **Family Activities with the Children.** In both fall 1997 and spring 1998, parents were asked how often someone at home had participated in each of 11 activities with the Head Start children during the past week.[7] A 3-point response set was employed (no, once or twice, or three or more times). A factor analysis of these responses revealed high positive correlations among all items and a single factor. Therefore, a summary score for family activities with the children at both interview points was computed by adding the responses for all 11 items together. A standardized change score was then computed, providing an index of change for each family-child pair (*M* = 1.29, *SD* = 1.1, Range – 2.66 – 5.58).

- **Parent Involvement.** Parents were asked about fourteen ways they might have been involved with the Head Start program and how often they had participated in each activity.[8] A factor analysis revealed high positive inter-correlations of all items and a single factor. A 3-point response set was employed (not yet, 1-2 times, more than 2 times). A total satisfaction score was computed by summing all 14 items (*M* = 25.11, *SD* = 5.9, range 14 – 42).

- **Satisfaction.** Parents were asked how satisfied they were with eight aspects of the Head Start experience for their children, themselves, and their families.[9] A 4-point response set was employed (very satisfied, satisfied, unsatisfied, very unsatisfied). A factor analysis revealed high positive inter-correlations of all items and a single factor. A total satisfaction score was computed by summing all eight items (*M* = 30.39, *SD* = 2.6, range 8.0 – 32.0).

Relationships between teacher characteristics and teacher-reported interactions with parents and children with the two parent-reported measures were first explored through univariate correlations. Significant correlations among the parent measures as well as correlations among parent and staff measures aggregated to the center level are presented in Exhibit 4-36. The observed correlations at the parent level are relatively small but are consistent with reported results in Section II. That is, involvement with Head Start was negatively related to employment (parents who were employed were somewhat less involved with program activities than those who were not) and related to ethnicity (parents of White children tended to be more involved in program activities). Also, satisfaction with Head Start was negatively related to education, employment, and income. That is, less satisfied parents tended to be those who reported they were employed, had a higher household income, and had achieved higher levels of education. In addition, Hispanic parents tended to be more satisfied with the program.

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[7] This measure includes the seven items referenced in Chapter 6.2 of Section II plus four additional items: (1) played a game, sport, or exercised together; (2) talked about what happened in Head Start; (3) talked about TV programs or videos; and (4) played counting games like singing songs with numbers or reading books with numbers.

[8] These measures include the twelve items referenced in Chapter 7.3 of Section II plus the following two items (1) attended a Head Start event with a spouse or partner and (2) attended a Head Start event with another adult.

[9] These items are described and discussed in section 7.5 of Section II.

Exhibit 4-36
Significant Correlations Among Teacher-Reported and Parent Reported Measures

	Univariate Correlations		
Measures From Parent Interviews (*n* = 2,277)	Increase in Family-Child Activities from Fall to Spring	Parent Involvement with Head Start	Parent Satisfaction with Head Start
Parent education			$r = -.05, p < .01$
Parent employment		$r = -.07, p < .01$	$r = -.04, p < .01$
Monthly household income			$r = -.06, p < .01$
Child ethnicity: African American			
Child ethnicity: Hispanic			$r = .06, p < .01$
Child ethnicity: White		$r = .04, p < .03$	
Measures from Parent and Classroom Teacher Interviews aggregated to the Center Level (*n* = 179)			
Primary caregiver education		$r = .22, p < .01$	$r = -.21, p < .01$
Primary caregiver employment		$r = -.26, p < .01$	$r = -.17, p < .02$
Monthly household income			$r = -.28, p < .01$
Child ethnicity: African American			
Child ethnicity: Hispanic			$r = .23, p < .01$
Child ethnicity: White		$r = .17, p < .02$	
Teacher experience in Head Start			
Teacher education (total years)		$r = .18, p < .01$	
Teacher training (total hours)	$r = .24, p < .01$	$r = .23, p < .01$	
Parent – teacher contacts			$r = .18, p < .01$
Parent – program contacts			$r = .26, p < .01$
Academic classroom activities	$r = .26, p < .01$		

At the center level, significant results among parent-reported data are highly consistent with the individual parent level (although the absolute values of the correlations were greater, the observed significance levels were similar). However, significant associations among Classroom Teacher reported information and each of the outcome measures were observed. Where teachers reported greater amounts of training during the past year and where they reported that they engaged their classrooms in academic activities more frequently, parents reported greater increases in family-child activities between fall and spring. Also, parent involvement reported by parents was positively related to teacher reports both that they had completed more years of education and that the program had provided them more training in the past year. Finally, parent-reported satisfaction with the Head Start program was positively related to teacher reports that parents were offered more types of contact with both the teachers themselves and with other program staff.

In the second stage of analysis, multilevel regression models were constructed to assess the relationship between characteristics of Head Start staff and programs on key family outcomes. The predictor variables for these analyses were derived from two levels. Individual-level data included parent background measures. Center-level data included teacher background measures as well as teacher-reported measures of parent involvement and classroom activities. Two-level models were constructed for each of the family outcomes (also at the individual level): 1) family activities with their children; 2) parent involvement; and 3) parent satisfaction with Head Start. Measures were entered into regression models in three groups. First, region and urbanicity of the program were entered, followed by the set of individual parent reported background characteristics, and finally the center-level teacher-reported variables.

Results of Hierarchical Regression Analyses

Increases In Family-Child Activities Between Fall And Spring. The types of activities included in this measure are generally thought by child development professionals to reflect positive experiences for young children. Therefore, information about factors that are related to increases in those activities may be important for programs such as Head Start. The analyses confirmed that, after controlling for effects related to region, urbanicity, or family demographic characteristics, the amount of teacher training and the frequency that teachers reported that academic activities occurred in their classrooms were positively associated with parent-reported increases in family-child activities from fall to spring (Exhibit 4-37). Therefore, it is encouraging to note that where programs provided more training for teachers and more frequent academic activities for their children, parents reported greater positive changes in those types of activities at home, without regard to location or family demographics (even with the cautionary note that these observations reflect a naturally occurring rather than a causal relationship among these measures).

Exhibit 4-37

Hierarchical Regression Model of Increases in Family-Child Activities from Fall to Spring[a]

Fixed Effects: Parent Measures	Coefficient	Standard Error	*t*	*p* value
Parent education	.064	.052	1.23	
Parent employment	-.079	.058	-1.36	
Monthly household income	-.00092	.00071	-1.29	
Child ethnicity: Hispanic	1.29	.78	1.65	
Child ethnicity: African American	-.795	.82	-.97	
Child ethnicity: White	-.44	.58	-.76	
Fixed Effects: Teacher Measures				
Teacher experience in Head Start	-.071	.046	-1.54	
Teacher education (total years)	.655	.39	1.68	
Teacher training (total hours)	.0015	.00063	2.43	.02
Parent-teacher contacts	.103	.051	2.02	
Parent-program contacts	.088	.086	1.02	
Academic classroom activities	.044	.017	2.59	.02

[a] Program location indicators (region, urbanicty) were not statistically significant for this measure.

Parent involvement with Head Start activities is strongly encouraged by the Program Performance Standards and by Head Start staff. Involvement was found to be unrelated to either the regional location of the program or to whether the program was in an urban or rural setting. However, several of the significant relationships observed at the univariate level among family characteristics and parent involvement were supported by the regression model as well (Exhibit 4-38). Parents who reported more education, were not employed, and had White children also reported greater levels of involvement in the Head Start program. Once these factors were controlled for statistically, parent-reported involvement was greater in centers where teachers had completed more education and been provided with more training in the past year than teachers in other programs. Again, it may be important that at least some factors under the control of the Head Start program were related to an important program component such as parent involvement.

Exhibit 4-38
Hierarchical Regression Model of Parent Involvement in Head Start[a]

Fixed Effects: Parent Measures	Coefficient	Standard Error	*t*	*p* value
Parent education	.318	.094	3.38	.01
Parent employment	-.188	.043	-4.38	.01
Family income	-.000039	.000047	-0.84	
Child ethnicity: Hispanic	-1.04	.93	-1.12	
Child ethnicity: African American	-.82	.79	-1.04	
Child ethnicity: White	1.11	.64	1.73	.05
Fixed Effects: Teacher Measures				
Teacher experience in Head Start	-.048	.031	-1.54	
Teacher education (total years)	1.44	.42	3.42	.01
Teacher inservice training (total hours)	.0013	.00056	2.25	.05
Parent-teacher contacts	.051	.038	1.34	
Parent-program contacts	.143	.101	1.43	
Academic classroom activities	.026	.014	1.86	

[a] Program location indicators (region, urbanicty) were not statistically significant for this measure.

Parent satisfaction with Head Start services is an index of how well the program is providing services to the consumers it serves directly. Head Start parents reported very high levels of satisfaction in every program location that participated in FACES. Nevertheless, variation in the measure of satisfaction was associated with program location, as well as family and program characteristics. First, parents in the Northeast reported less overall satisfaction than parents in other regions. Also, families where the primary caregiver reported more education and more income also reported less satisfaction with the program. Finally, after statistically controlling for the observed relationships with program location and family demographics, parent satisfaction was reported to be higher in centers where teachers reported more frequent opportunities for parent contact with Head Start staff as well as greater opportunities for parents to be involved in program activities. These included opportunities for parent-teacher interactions such as conversations at general parent meetings, telephone calls home, and informal parent-staff conferences, as well as opportunities for participating in home visits, serving as workshop leaders, assisting in curriculum planning, and preparing newsletters for distribution to other parents.

Exhibit 4-39

Hierarchical Regression Model of Parent Satisfaction WithHead Start

Fixed Effects: Program Location	Coefficient	Standard Error	*t*	*p* value
Program location: Northeast	-2.59	.614	-4.22	.01
Program location: Midwest	.342	.551	0.62	
Program location: South	.412	.489	0.20	
Program location: Urban	-.045	.080	-0.58	
Fixed Effects: Parent Measures				
Parent education	-.141	.071	-1.99	.02
Parent employment	-.021	.025	-0.85	
Monthly household income	<.01	<.01	-5.07	.01
Child ethnicity: Hispanic	.167	.087	1.92	.02
Child ethnicity: African American	.087	.083	1.03	
Child ethnicity: White	.094	.075	1.25	
Fixed Effects: Teacher Measures				
Teacher experience in Head Start	-.013	.024	-0.56	
Teacher education (in years)	.664	.540	1.23	
Teacher inservice training (in hours)	<.01	.<.01	1.47	
Parent-teacher contacts	.058	.027	2.14	.05
Parent-program contacts	.276	.094	2.94	.01
Academic classroom activities	.031	.023	1.31	

4.11 Summary

Several characteristics of Head Start staff and programs were found to be significantly related to key family outcomes.

- Parents reported relatively larger increases in activities with the Head Start child between fall and spring where teachers reported a greater number of in-service training hours during the past year and greater frequencies of academic activities in the classroom.
- Parents reported more involvement with program activities where Head Start teachers reported more years of education and a greater number of in-service training hours during the past year.
- Parents reported greater satisfaction with the program when teachers reported more opportunities for direct contact with parents and more opportunities for parents to come into contact with other Head Start staff.

4.12 Discussions with Head Start Program Directors

During spring 1998, Head Start Program Directors and many of their key staff participated in discussions with FACES research staff regarding local program responses to the revised Head Start Program Performance Standards as well as how changes in the national welfare reform legislation affected their programs. Discussions were completed at 38 of the 40 FACES sites.

Revised Head Start Program Performance Standards

The majority of the Head Start programs reported having made few if any recent changes in their organization and indicated that they had already met or exceeded the new standards. Other programs were in the planning and development stage. Responsiveness to local contextual factors, along with information about the planned changes from monitoring team members and regional and national Head Start representatives, motivated many of the Directors to begin adjustments in their programs as early as the mid-1990s. Only a small number of programs had made changes due to compliance issues. None of the programs reported a need to reduce the number of their staff, as some Directors had feared, but rather they reassigned staff and, in some cases, actually increased the number of staff serving their programs.

Welfare Reform

Program Directors and senior staff indicated that welfare reform had affected their programs. Most importantly, they reported a decline in parent participation. Programs were being challenged to find and develop new, non-traditional ways of involving parents in the program, including providing expanded parent training, accommodating parents' work schedules by scheduling evening and weekend parent meetings and workshops, and serving as TANF work sites for Head Start parents. Directors reported a greater emphasis on developing or expanding services to facilitate families' self-sufficiency, such as providing educational and vocational training, as well as forming support groups, and assisting with employment preparation. Many programs reported a decrease in enrollment in part-day classrooms and acknowledged the need for providing longer hours and extended childcare, although few had been able to expand service to year-round, full day, or extended day services.

4.13 Staff Comments on Head Start Program Improvement

Head Start staff interviews each concluded by asking the respondent what single thing they felt would improve the program. Their responses were coded into six categories: parent involvement, program structure, program facilities, program for children, staff interactions and activities, and relationships with schools and other agencies.

By far, the most frequently identified area for program improvement was parent involvement (Exhibit 4-39). More than 40% of staff indicated that increased parent involvement was desirable. However, relatively few staff provided clear suggestions for the means to accomplish their desired goal. In earlier sections of the interviews, staff had identified parent work, school, or training schedules as the primary barriers to parent involvement, and such activities on the part of parents were often required by current public assistance laws.

The condition of Head Start physical facilities was also an area where staff frequently indicated that improvements would be helpful. Over 40% of Center Directors identified this area, which included moving to better locations, increasing, improving or renovating their current space, and improving the equipment available for educating children, preparing meals, meeting with parents, or managing their centers. Perhaps reflecting their role in the program, only about 15% of Classroom Teachers reported a need for improved facilities.

About 15% of both Center Directors and Classroom Teachers indicated a need for changes in program structure. In this category, the most frequent suggestion was for increased time to provide services to children in the centers: more year-round, full day, or extended day services. In most cases, these suggestions were based on both the families' need for more child care as they participated in school, training, or employment programs, as well as the perceived benefit that the children would gain from extending their hours at the Head Start program.

Over one quarter of Classroom Teachers indicated that they felt the program for children could be improved through more materials, an enhanced curriculum, or increased numbers of support staff. The need for additional staff was often based on their perceived need for more one-to-one or small group interactions between teachers and children, particularly in the cases of children with disabilities. While Center Directors were less likely to indicate that more educational materials or improved curricula were necessary, they were equally likely to suggest that additional support staff would improve their program.

Suggestions for improvements in staff interactions or activities by Center Directors and Classroom Teachers clearly reflected their program roles. About 11% of Center Directors felt that increased or improved training for teachers would be beneficial, versus 2% of Classroom Teachers, while about 11% of teachers felt that less paperwork would allow them to spend more time with children, versus 2% of Directors. As well, small percentages of both Center Directors and Teachers suggested improvements in staff communication. Given the relatively low salaries paid to Head Start staff, it is notable that relatively few suggestions for increased salaries were recorded. Finally, a relatively small proportion of Center Directors indicated that improved relationships with community organizations such as schools and service agencies would be of benefit to their Head Start programs.

Exhibit 4-40

Staff Comments on Possible Head Start Program Improvements

Comment Category	Percentage of Total Counts[a]	
	Center Directors (*n* = 89)	Classroom Teachers (*n* = 502)[b]
Parent Involvement/Communication		
Increase parent involvement	25.8	25.1
Improve/increase parent education services/workshops	6.7	8.0
Increase contact/communication with parents	5.6	6.0
Increase male involvement	4.5	1.0
Program Structure		
Provide more year round, full day or extended day services	9.0	7.6
Increase transportation services for children/parents	5.6	5.2
Add special education services and follow-up for children with behavioral/cognitive problems	1.1	3.6
Program Facilities		
Move to better location, improve or renovate space	18.0	6.2
Increase amount of available space	16.9	4.6
Improve or add additional equipment	9.0	4.2
Program for Children		
Increase available educational materials	3.3	8.4
Improve educational curriculum/services for children	2.2	8.8
Increase number of support staff	9.0	9.0
Staff Interactions and Activities		
Increase amount/improve quality of staff training	11.2	2.0
Decrease amount of paperwork	2.2	10.8
Improve/increase communication among staff/administration	3.4	5.9
Increase program funding/staff salaries	3.4	5.4
Increase activity planning/preparation time	0.0	3.8

Comment Category	Percentage of Total Counts[a]	
	Center Directors (n = 89)	Classroom Teachers (n = 502)[b]
Relationships with Schools and Other Agencies		
Improve relationships with local schools	6.7	0.0
Improve/increase communication with local agencies	4.5	0.0

[a] Excludes categories mentioned by fewer than 2% of both Center Directors and Classroom Teachers
[b] Excludes 27 Classroom Teachers with no comment

4.14 Summary of Results

- More than 40% of both Center Directors and Classroom Teachers suggested that improvements in parent involvement would benefit the Head Start program; however, few of these staff had specific suggestions for improvement.

- About 44% of Center Directors suggested that improvements in center space (including moves, expansions, or renovations) or equipment (replacement or additions) would benefit the program. In contrast, improvements in this area were mentioned by only 15% of Classroom Teachers.

- Classroom Teachers were more likely to identify elements of the program for children as an area for improvement than Center Directors (26.2% of Classroom Teachers compared to 14.5% of Center Directors). The improvements identified included educational materials, curricula, and the number of support staff.

- More than 20% of both Center Directors and Classroom Teachers identified staff interactions or activities as an area for improvement. While Center Directors were more likely to specify improvements in the quantity or quality of staff training in this area (11.2% vs. 2.0%), Classroom Teachers were more likely to suggest decreasing the amount of paperwork (10.8% vs. 2.2%).

- About 15% of both Center Directors and Classroom Teachers suggested structural improvements in the program, including extended service hours for children (year round, full day, or extended day services), better transportation, or improved special education services.

- About 10% of Center Directors (but no Classroom Teachers) suggested improved relationships with local schools or other service agencies.

1.0 Introduction to the Case Study

1.1 Overview

The goal of the Family and Child Experiences Study (FACES) case study was to provide a more complete profile of Head Start families and children, their homes, neighborhoods, and communities, and their interactions with Head Start. In this regard, the FACES case study sought to describe the family as a whole (the family as the unit of analysis) as well as to describe the relevant features of the family's context.

The role of the case study within the context of FACES was to 1) support and expand on the findings in the larger FACES study, 2) pursue research questions independent of the larger study, and 3) generate hypotheses for future research with Head Start families. Given its multiple purposes, the FACES case study demanded a unique design that focused on representativeness, had a large enough sample size to draw inferences across cases, and used multiple in-depth descriptive data collection methods and measures. Therefore, the case study included in-depth cross-sectional and longitudinal descriptive data, both qualitative and quantitative, collected by multiple methods of inquiry (including interviews, observations, home visits, and monthly telephone contacts) on a smaller, representative sample of the Head Start FACES families over a period of almost two years.

As a research method, the case study approach originated in the social sciences, particularly in the fieldwork of anthropology, psychology and sociology. As a research endeavor, the case study contributes uniquely to our knowledge of individual, organizational, social and political phenomena and addresses the need to understand complex social phenomena. Case studies have been defined as an empirical method for learning about a complex phenomenon, based on a comprehensive understanding of the phenomenon as a whole, within a real-life context. The method relies on extensive description and analysis from multiple sources of evidence and uses multiple methods of inquiry (General Accounting Office, 1991; Yin, 1984). Applying this definition, case studies have often been used to learn as much as possible about the phenomenon of interest. The goal is to develop a complete picture, including how the phenomenon operates and how it relates to the extrinsic and contextual events of which it is a part. Case studies have proven to be particularly useful when the boundaries between the phenomenon and context are not clearly evident.

Historically, case study methodology has largely been applied in research and evaluation to address descriptive, explanatory or exploratory questions. For example, descriptive data generated from a case study can help the research audience understand and interpret a situation while also preventing them from over-simplifying the complexities of a given situation. Case studies can address explanatory questions by describing how a phenomenon has occurred or why it has happened – establishing and tracing the links between causes and effects over time. Lastly, case studies can also address exploratory questions, developing pertinent hypotheses and propositions for further inquiry.

A case study approach was taken in the FACES study in order to better understand Head Start families and children and the contexts in which they live by addressing descriptive, exploratory, and explanatory questions. Exhibit 1.1 displays the key research questions addressed, organized by four primary themes: 1) the Head Start child; 2) the Head Start family; 3) the family's interactions with Head Start; and 4) the family's home, neighborhood, and community.

Exhibit 1-1

Key Research Themes and Questions of the FACES Case Study

The Head Start Child

- How do Head Start parents describe their children?
- What is a typical day like for Head Start children?
- What are Head Start parents' short-term and long-term hopes and goals (i.e., educational and occupational aspirations) for their children?

The Head Start Family

- What are Head Start parents' hopes and goals for themselves?
- What kind of strengths do Head Start parents perceive about their families?
- What kind of issues or areas needing improvement do Head Start parents perceive about their families?
- What are Head Start parents' beliefs, hopes, and goals with regard to parenting?
- What is the nature of changes in Head Start families' households with regard to household composition, adult and child health, child care arrangements, employment and economic status, and participation in Head Start activities?
- What is the nature of Head Start families' social support networks, family resources, and the psychological well-being of the parents?

The Family's Interactions with Head Start

- What are the primary reasons that Head Start families enrolled their children in Head Start?
- How do Head Start parents characterize their children's participation in Head Start?
- How do Head Start parents characterize their families' participation in Head Start?

The Family's Home, Neighborhood, and Community

- How do Head Start parents characterize their homes, neighborhoods, and communities?
- How do interviewers describe Head Start families' homes, neighborhoods, and communities?

1.2 Organization of Section IV: The Case Study

This section is organized into six chapters. Chapter 1.0 contains an overview of the case study. Chapter 2.0 describes the methodology of the study, including the sample, measures, data collection procedures, and data analyses used. Chapters 3.0, 4.0, and 5.0 summarize the case study findings from the home visits, monthly telephone contacts, and family narratives, respectively.

2.0 Case Study Methodology

2.1 The Sample

The FACES case study sample was a randomly selected, representative[1] sample of 120 Head Start families. The sample included three families from each of the 40 Head Start program sites that participated in FACES. The sample was stratified by the age of the Head Start child. Two out of three families selected by site had 4 year olds in Head Start during the 1997-1998 school year, while the other families had a 3-year-old child. Exhibit 2-1 displays basic demographic data of the FACES case study sample.

Exhibit 2-1
***Description of the FACES Case Study Sample, N = 117**[2]

Variable	Percentage
Children's Race	
African American	28.2
White	40.2
Hispanic/Latino	17.1
Native American	0.9
Asian	0.9
Other	12.8
Marital Status	
Single	39.3
Married	38.5
Separated	10.3
Divorced	11.1
Widowed	0.9
Language other than English spoken in the home	28.2
Number of Grades Completed	

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[1] There were no statistically significant differences between the case study sample and the larger FACES sample of families on basic demographic information, including: household income, marital status, ethnicity, educational attainment, employment status, receipt of welfare, Medicaid or food stamps, and language spoken in the home.

2 Demographic data presented in this exhibit is from the FACES fall 1997 parent interviews – 117 of the 120 case study families completed parent interviews.

Variable	Percentage
8 or less	9.4
9	5.1
10	8.5
11	12.0
12	65.0
Degrees Obtained	
No degree	79.5
AA:	11.4
BA/BS:	6.8
Graduate:	2.3
Financial Resources	
Currently Employed	52.1
Receiving Welfare Benefits	31.9
Receiving Food Stamps	55.6
Receiving Medicaid or Medical Assistance	59.5
Monthly Household Income	
Less than $500	10.3
$500-999	17.9
$1000-1499	19.7
$1500-1999	12.8
$2000-2499	4.3
More than $2500	35.0

The sample was developed in two stages. The first stage occurred during the field test in the spring of 1997. A sample of 40 families (one from each site) with 3-year-old children who were new to Head Start in the fall of 1996 was randomly selected to participate. Only families with 3-year-old children were chosen in the first stage of sampling in order to maximize the number of children in the sample who would continue to their second year of Head Start (when they were 4-years-old). The second stage of the sampling was completed in the fall of 1997 when an additional 80 families were added to the sample. The 80 new families were comprised of two families from each site (one family with a 3-year-old-child and one family with a 4-

year-old child) who were new to Head Start in the fall of 1997. This increased the total sample to 120 families. Families from the original field test sample of 40 that did not return to Head Start in the fall of 1997 ($n = 11$) were replaced with families with 4-year-old-children starting Head Start in the fall of 1997[3]. There was an overall attrition rate of 12% over the course of the study, with 14 families leaving between the fall of 1997 and December of 1998. Most of these families moved and could not be tracked.

2.2 Measures and Data Collection Procedures

The design of the FACES case study involved the following four primary data collection components[4]:

- Home visit parent interviews;
- Home and neighborhood observations;
- Monthly telephone interviews; and
- Community agency interviews.

Copies of all data collection instruments can be found in Appendices D1 and D2.

Home Visit Parent Interviews

Each of the three major data collection points (home visits in the spring of 1997, fall of 1997, and spring of 1998) included semi-structured, open-ended interviews to discuss with parents their perceptions of themselves and their families, their experiences with Head Start, and their neighborhoods. Two home-visit parent interview instruments were created. The first instrument was adapted from the "Getting to Know your Family" introductory interview developed by Ramey and Ramey (1992). This instrument was used to develop rapport with the families during the first home visit and to obtain valid and reliable data in a brief amount of time (i.e., 30 minutes). Parents were asked open-ended questions covering the following topics:

- How they would describe their children;

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[3] Approximately one half of the selected families had a 4-year-old child in the study and one half of the selected families had a 3-year-old child in the study during the 1997-1998 school year.

4 A complete description of the overall design of the FACES case study can be found in Appendix D1.

- What were the primary reasons for enrolling their children in Head Start;
- What were their short- and long-term educational and occupational hopes and goals for their children; and
- What they saw as their family strengths and areas of needed improvement.

Home visit interviews were completed with all 40 families in the field study in the spring of 1997 and with all 120 families in the fall of 1997. The second home visit parent interview instrument, used in the spring of 1998, included open-ended questions designed to allow parents to discuss, in greater detail, topics such as the nature of the children's and families' participation in Head Start activities, their parenting beliefs, satisfaction and goals, as well as questions regarding their neighborhoods. Home visit interviews using this second instrument were conducted with 101 of the 110 families remaining in the study in the spring of 1998. This interview took approximately 30 minutes to complete.

Home and Neighborhood Observations

Each of the three major data collection points also included observations of the families' homes and neighborhoods. The 10-item home observation measure included seven items from the Home Observation for Measurement of the Environment (HOME) physical environment subscale (Caldwell & Bradley, 1984) and 3 items regarding the families' housing type and circumstances. Interviewers also were asked to describe the families' homes using an open-ended question format. A 19-item neighborhood observation checklist was completed by the interviewers in spring and fall of 1997 and asked of the parents in the spring of 1998. Interviewers (and families) were asked to indicate the presence or absence of items in the families' immediate neighborhood.[5] Items included neighborhood resources, such as parks, libraries, schools, and grocery stores as well as physical and social neighborhood quality indices, such as abandoned or boarded up buildings, vandalism, graffiti, or loitering. Parents also were asked to rate the overall safety of their neighborhoods on a 5-point scale.

Monthly Telephone Interviews

These interviews provided monthly updates on changes in the families' household composition, child care arrangements, employment status, health status, and Head Start participation that occurred between home visits. In addition, measures of social support (Chen, Telleen & Chen, 1995), psychological well-being (Center for Epidemiology Studies Depression Scale –CES-D -Radloff, 1977), family resources (Dunst & Leet, 1987), and parents' satisfaction with Head Start and transitions to kindergarten were rotated into the interview (one measure each month) throughout the study. The monthly telephone interview was developed to be brief (i.e., 10 minutes), to be easy to administer over the phone (mostly close-ended questions), and to parallel the questions asked in the FACES parent interview. Monthly telephone interviews conducted over the course of 15 months were completed, on average, with 58% of the families. Monthly response rates varied from 48% to 68% over the course of the study.

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[5] Immediate neighborhood was defined as within six blocks or ½ mile of the family's home.

Community Agency Interviews

Telephone interviews were conducted with 200 community agencies in 10 Head Start FACES sites regarding the amount and overall nature of collaboration between their agency and the local Head Start program. The methodology and findings from this study are presented in Section V of this technical report.

Staffing and Data Collection Procedures

Case study data were collected at each of the 40 FACES sites. For each of the three waves of data collection, FACES site managers conducted the home visits as well as the home and neighborhood observations. The site managers also maintained monthly telephone contacts with the families. In order to develop and maintain rapport with the families over time, families were assigned to the same site manager for all of their interviews. Site managers also sent birthday and holiday cards to the families in their caseload to maintain contact over the year. Families were given small, child-oriented gifts at each home visit for their participation in the study. All data were quality checked and organized for data analyses by the FACES case study managers.

2.3 Data Analyses

The FACES case study integrated three methodological or analytic strategies for identifying or confirming emergent themes within and across the Head Start families in the study. The first strategy involved content coding of open-ended responses to questions posed to each of the families during home visit interviews. The second strategy involved descriptive analyses of quantitative data collected in monthly telephone interviews, with a particular focus on changes over time within families. The third strategy integrated qualitative and quantitative data from the case study with data from the FACES parent interview, teacher ratings, and child assessments, to produce a narrative for each family in the case study. The intent of these three strategies -- the family narratives, the content coding, and descriptive analyses -- was to integrate them into an overall analytic strategy to identify or confirm important themes both within and across the families in the study.

Content Coding and Analyses

The second analytic approach involved content analyses of open-ended responses from the home visit interview. Content analysis is an approach that has been used in a large number of studies to systematically organize and categorize textual information in a standardized way that allows researchers to make inferences about the information (Weber, 1990). This process involves content coding words or even sentences of text into a coding scheme or classification system with many fewer categories that are organized around the content of the text. In this case study, content codes for the home visit interviews in the spring and fall of 1997 were adapted from content codes used in a previous study that used the "Getting to Know Your Family" introductory interview instrument (Ramey and Ramey, 1992). These data were content coded by the two FACES case study managers, first separately, and then together, to refine and reach agreement on aspects of the content coding schemes and/or ways that particular text should be coded. The spring 1998 home visit interviews were content coded in the same way, except that there were no previous content coding schemes, so coding schemes were developed based on a small sample of the cases (i.e., 25%) and were adapted to the data, if necessary, during the coding process. Once all the cases had been content coded, each case was stored and codes were organized and analyzed using NUD*IST qualitative software (QSR, 1995) to identify predominant themes or issues related to particular research questions in the study. The content codes for both the fall 1997 and spring 1998 home visit interviews are found in Appendix D4.

Descriptive Analyses of Monthly Telephone Interview Data

The third analytic approach involved conducting descriptive analyses of the monthly telephone data collected while following the FACES case study families over a 14-month period of time with 12 monthly data collection points. These involved simple descriptive analyses across families as well as analyses examining change over time, such as the percentage of families each month who experienced particular health problems. A critical role of the telephone interview analyses was to examine and understand changes over time and better understand the amount of change these families were experiencing regarding the key questions of interest. Whenever possible, monthly telephone data were linked with parent interview data on key indices to enhance the ability to assess changes within these families.

Family Narratives

Narratives for the FACES case study families were developed using an iterative process integrating qualitative and quantitative descriptive data from the home visit interviews, monthly telephone interviews, as well as parent interviews, teacher ratings, and child assessments from the larger study. The first step in the process was to organize the structure and content (Exhibit 2-2) around the four primary areas or themes of the FACES case study:

- The Head Start child;
- The Head Start family;
- The family's interactions with Head Start; and
- The family's home and neighborhood.

Data from each of the families' home visit interviews, parent interviews, child assessments, and teacher ratings, as well as monthly telephone interviews were used to create a first draft narrative. After a first draft was completed, it was refined and read by the two case study managers to identify and highlight themes within each family narrative. The final narrative was used to identify emergent themes within each family or across families within each of the primary themes of the study. The emergent themes then became the organizing structure of the narrative chapter. Chapter 5 of Section IV contains several examples of final narratives completed on FACES families and demonstrates how this iterative process can become a useful vehicle for identifying and confirming emergent themes within families as well as beginning to identify themes across families. This methodology and iterative analytic process emphasizes first developing each case (family narrative) as the unit of analysis and conducting analyses and building patterns of explanations and emergent themes within each case as a building block to comparing themes across cases (Yin, 1984). With this approach, the themes drawn from the multiple cases can then become the emergent themes for the overall study.

Exhibit 2-2
Topical Structure of the Head Start Family Narratives

The Head Start Child

- Child's demographics
- Parent's description of child and favorite activities/things to do
- Child's participation in Head Start activities/typical day/attitudes toward Head Start
- Child's social skills/behavior/approaches to learning
- Child's educational readiness, literacy, reading materials in the home
- Child's health
- Parents' hopes and goals for their child's year in Head Start

The Head Start Family

- Family's demographics/household composition
- Family's educational attainment
- Family's employment, economic status, and income sources
- Family's child care arrangements/history
- Family's health care
- Family's need/use of community services
- Family's strengths, areas of improvement/problems, significant events
- Parenting beliefs/efficacy and satisfaction/supports
- Parent's hopes and goals for themselves/progress toward meeting these goals
- Parent's need/use of social support
- Parent's psychological well-being and locus of control
- Family's household rules/discipline
- Family's activities/involvement with child

The Family's Interactions with Head Start

- Family's previous experience with Head Start
- Family's primary reason(s) for enrolling child in Head Start
- Family's involvement in Head Start activities
- Expected and actual impact of Head Start on child and family
- Family's satisfaction with Head Start/suggestions for improving Head Start

The Family's Home, Neighborhood, and Community

Family's housing type and circumstances
Interviewer's description of home/home observations
Interviewer's description of neighborhood/neighborhood observations
Parent's description of neighborhood/neighborhood checklist
Neighborhood violence: family's exposure to violence

2.4 Limitations

There were no statistically significant differences found between the case study sample and the larger FACES sample of families on basic demographic information, such as household income, marital status, ethnicity, educational attainment, employment status, receipt of welfare, Medicaid or food stamps, or language spoken in the home. It should be noted, however, that because of the reduced sample size from the main sample, the findings presented in this section are not considered representative of the entire Head Start population. Caution should be used in generalizing these findings to the entire Head Start population.

3.0 Results from Home Visit Interviews

3.1 Overview

Semi-structured, open-ended interviews were conducted with the case study families in the fall of 1997 and the spring of 1998. These interviews gathered information on the parents' perceptions of themselves and their families, their experiences with Head Start, and their neighborhoods. This chapter summarizes the findings from these interviews.

3.2 Reasons for Enrolling Their Children in Head Start

Head Start families were asked to talk about the primary reasons why they enrolled their children in Head Start in the fall of 1997. Content analyses of the parents' responses indicated that all respondents reported reasons that focused on their children, with most reporting that they enrolled their children in Head Start for educational reasons. Fewer parents reported reasons that focused on themselves or their families. The child-focused and family-focused reasons reported by the parents are presented in the following two sections.

Reasons for Enrolling Children in Head Start That Related to the Children

When asked about their reasons for enrolling their children in Head Start, all of the respondents (100%) reported reasons that focused on their children. Exhibit 3-1 summarizes the reasons reported by the parents. The most frequent reasons mentioned by the parents involved their children's general education (58%), including wanting their children to develop learning skills, providing them with new experiences outside the home, or helping their children to establish routines. Forty percent of the parents also cited specific, short-term educational reasons such as hoping Head Start would prepare their children for school by focusing on academics, including helping them to learn their letters and numbers. About one half of the parents (49%) hoped that attending Head Start would improve their children's interactions with peers and others.

> "To get an idea of what school is like and learning how to cooperate and socialize with other kids and learning how to take directions from teachers…"

Exhibit 3-1
Child-Focused Reasons for Enrolling Children in Head Start

Reasons	Percentage
General Educational Reasons. Help children learn, provide new experiences outside the home, help children calm down, develop learning skills, establish routines, get an early start	58
Interactions with Peers or Others. Help children interact more comfortably with other children and adults, learn to share	49
Short-term Specific Educational Reasons. Prepare children for kindergarten or school, focus on academics, learn letters, numbers	40
Children Want to Go to School	6
Improve Children's Speech or Health	3

Reasons for Enrolling Children in Head Start That Related to Parents or Families

Fewer parents (37%) indicated reasons for enrolling their children in Head Start that focused on their families or themselves. One fifth (20%) reported that they enrolled their children in Head Start because they were familiar or comfortable with the program, while 13% reported that they needed help with childcare. Four percent of the parents reported that a primary reason they enrolled their children in Head Start was to give themselves a break from their children or because they needed help in handling them.

> "I enrolled her because my son attended Head Start and I saw that he learned so much from it that I wanted the same for her. Now that I think about it, I also attended Head Start and it was good for me and I know it will be good for her, too."

There were no significant differences in parents' reasons for enrolling their children in Head Start by family and child demographics[1]. However, parents of children with ethnicity other than African American, Hispanic, or White were significantly less likely to indicate that the reason for enrolling their children in Head Start was to improve their interactions with peers. In addition, parents of African American children were significantly less likely than the parents of all other children to report that a primary reason for enrolling their children in Head Start was because they were already familiar or comfortable with the program.

3.3 Head Start Families' Hopes and Goals for their Children

In the fall of 1997, Head Start families were asked to talk about their hopes and goals for their children during the Head Start school year, their long-term educational aspirations for their children, and other hopes they had for their children's future, including occupational aspirations. Content analyses of the parents' reported hopes and goals indicated that they generally held optimistic expectations for their children's early schooling experiences and future educational attainment. While most parents focused on goals for their children's education during the current school year, they also had specific educational aspirations for their children's future. Additionally, almost half of the parents reported hopes and goals that focused on their children's personal qualities. The parents' hopes and goals for their children are presented in the following four sections.

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[1] Family and child demographics include: parent's educational attainment, family household composition, and gender, age or ethnicity of their children.

Parents' Hopes and Goals for Their Head Start Children's General Education.

Exhibit 3-2 presents the responses reported by parents when asked what they hoped for their children during the current school year. Three fourths of the parents (75%) reported hopes and goals that related to their children's general education. Parents hoped their children would be able to complete age appropriate tasks (34%), hoped their children would do well in school and receive a good education (29%), or hoped their children would develop positive attitudes toward school and school personnel (20%). There were no significant differences in the parent's general education goals for their children based on family and child demographics.

"For her to learn how to enjoy learning so that when she's in school she enjoys it and she can build her dreams."

Exhibit 3-2
Hopes and Goals Related to the Children's Education

	Percentages
Complete Age Appropriate Tasks or Be Developmentally on Task. Keep up with other children, learn numbers and letters, learn to read and write, acquire skills such as learning left from right.	34
Do Well in School and Get a Good Education. Behave in school, listen to the teacher, cooperate in school, learn or be well educated, improve past school performance.	29
Have a Positive Attitude Toward School and School Personnel. Have good relationships with teachers and principals, have school be a positive experience, enjoy learning and school work.	20
General Education. Have goals that are process oriented, such as "just to learn" or develop important building blocks for a good education.	24

Parents' Hopes and Goals for Their Head Start Children's Personal Qualities

Nearly one half of the parents (47%) reported hopes and goals for their children that related to their children's personal qualities. They hoped their children would develop positive qualities like leadership or

"To learn to be a better kid. To learn how to respect other kids and to do the best you can."

engage in positive social interactions such as getting along with their peers or classmates (36%). They also hoped their children lacked negative qualities, such as shyness or hyperactivity, and hoped they would be able to overcome potentially negative social situations (10%). There were no significant differences in parents' reports of goals related to qualities of their children based on family and child demographics.

Parents' Hopes and Goals for Their Children's Long-Term Educational Attainment

When asked about their long-term educational goals for their children, 65% of the parents reported specific educational attainment goals. Slightly more than one quarter of the parents (26%) hoped their children would graduate from high school, while nearly one half (49%) hoped their children would continue their education beyond high school and attend or graduate from college. Four percent of the respondents reported no specific educational goals for their children. Overall, there were no significant differences in the parents' long-term educational attainment hopes and goals for their children based on family and child characteristics. However, parents of children with ethnicity other than African-American, Hispanic, or White were significantly more likely to report specific long-term educational attainment goals for their children

"... Education means a lot to me. I really want them to go to college."

Parents' Other Hopes and Goals for Their Children's Future

When asked if they had other hopes for their children's future, parents reported a range of aspirations (Exhibit 3-3). One half (50%) wanted their children to do their best, have a good life, or be happy, including the pursuit of their own goals. Slightly fewer parents (45%) had specific career aspirations for their children. About 14% of the parents felt that family involvement was important to their children's success while 9% wanted their children to do as well as or better than they had done in life. Overall, there were no significant differences in parents' other hopes for their children's future based on family and child characteristics. However, parents who had not graduated from high school or attained a GED as well as the parents of White children were significantly less likely to have a specific occupational aspiration for their children.

"I'm hoping he'll be a lawyer because he is smart."

"Finish school, go to college, have every opportunity Mom did not have."

Exhibit 3-3
Other Hopes and Goals for the Children's Future

	Percentages
Be Their Best, Have a Good Life, Pursue Own Goals. To succeed, become what one wants in life, achieve certain goals, be happy, and make something of one's self.	50
Career Aspirations. Get a job, enter a profession, develop career-oriented skills.	45
Family Involvement. Parental interest in children's daily activities, provide moral guidance, help children reach their goals.	14
Do Better than Parents. Accomplish more than previous generations, do not repeat parents' mistakes, improve education attainment, go farther in life.	9

3.4 Head Start Parents' Hopes and Goals for Themselves

Head Start families were also asked to talk about the hopes and goals that they had for themselves during the fall 1997 home visit interview. Content analyses indicated that most parents had professional (68%), educational (62%) and personal (50%) hopes and goals for themselves, yet 7% of the parents reported no specific goals. The professional goals reported by parents included goals to attain a specific occupation or profession (43%) or a desire to get back to work or find a job (27%). Career advancement was reported as a goal by 7% of the parents. Parents also had educational goals. Almost one third (31%) of the parents focused on higher education, including attending a 2- or 4-year college program, while 18% hoped to finish their secondary education by getting a GED or their high school diploma. About 11% expressed a desire to obtain a job-related certificate or attend vocational training. Almost one third of the parents (31%) expressed personal hopes and goals that focused on providing for their children or expanding their family. Financial independence was a goal of 14% of the parents. Buying a home or improving their current home was a goal for 10% of the parents. There were no significant differences in the parents' reports of hopes and goals based on family and child demographics.

"I want to go to nursing school… I have always wanted to be a pediatric nurse."

"I want to be independent and be able to take care of and support my children."

3.5 Strengths of the Head Start Families

> "We stick together. We just love each other and try to keep each other happy."
>
> "We have a willingness to keep it all together. We work together as a family. All of us are here for each other."

During the fall 1997 home visit interview, Head Start families were asked to talk about their families' strengths and discuss what they really liked about their families. Exhibit 3-4 summarizes the parents' perceptions of their families' strengths. Content analyses of the parents' responses indicated that a majority of parents (58%) focused on their families' positive relationships. These relationships were most often characterized as family closeness or togetherness, including being able to rely on one another and the ability to take care of each other. Many parents (39%) also referred to family activities, such as spending time with one another and sharing experiences with their children, as strengths. A number of other strengths were mentioned, including good communication (24%), family composition, structure, or stability (20%), family values, beliefs, and cultural practices (22%), and the well-being of their children (21%). Overall, there were no significant differences in parents' reports of family strengths based on family and child characteristics. However, parents of female children were significantly more likely to report involvement in family activities as a family strength than parents of male children.

Exhibit 3-4
Parents' Perceptions of their Families' Strengths

	Percentages
Positive Relationships Within the Family. Togetherness or closeness, rely on one another or take care of each other.	58
Family Activities. Spend time with one another and parents spend time and share experiences with the children.	39
Good Communication. Discuss problems, be open, listen to one another.	24
Family Values, Beliefs and Cultural Practices.	22
Well-Being of the Children. Feel children are great and doing well, view children as a family strength, any mention of children.	21
Family Composition, Structure or Stability. Family is stable or back together, feel family members are a strength.	20
Support of Extended or In-Law Family Members.	13
Coping with Adversity or Solving Problems. Family sticks together when	13

	Percentages
things are bad, supportive and adjust to specific and/or general adverse situations.	
Other	18

3.6 Issues of Improvement and Change for the Head Start Families

During the fall 1997 home visit interview, the Head Start families were asked to talk about what they would like to improve or change about their families. Exhibit 3-5 summarizes the changes that they would like to see occur. Content analyses of the parents' responses indicate that while there was not a clear majority opinion, many (38%) wanted to improve the relationships within their families, including improving marital, sibling, parent-child, and overall family relationships. Parents talked about their families' need for a mother or father (or male or female role model) for their children or the increased involvement of the mother or father (or male or female role model) with their children. Almost one third of the parents (30%) hoped to improve their ability to meet their families' financial and physical needs and discussed their desire to increase their income, improve or change their employment, or improve their health. Fifteen percent of the parents felt that there was nothing that their families needed to improve or change. There were no significant differences in parents' reports of areas of improvement or change for their families in regard to family and child characteristics.

> "I need to work on my child-parent communication skills. I need to be able to talk without screaming. I tend to get angry at my daughter, I have worked hard on fixing this."

> "We would like to change our economic situation to improve our home and get what is necessary for my family."

Exhibit 3-5

Parents' Perceptions of their Families' Areas of Needed Improvement

	Percentages
Relationships within the Family. References to marital, sibling, parent-child and overall family relationships as well as the need for a father or mother (or male/female role model) or increased involvement of a father/mother with their children.	38
Meeting Financial and Physical Needs. Increase their income, improve or change their employment, or improve their health.	30
Qualities of the Family as a Whole. Improve qualities of the family as a whole or a specific family member, improve stability/structure or organization of the family, improve religious or cultural identity/practices, make education a higher priority in the family or improve family members' education, and be more successful.	22
Family Activities and Involvement. Improve or increase family activities or amount of time spent together as well as increase the amount of time spent with their children.	18
Home and/or Neighborhood Environment. Move out of their homes or neighborhoods or improve their homes or neighborhoods.	15
Qualities in the Children. Improve or increase their children's education or improve their children's behavior.	10
Coping with Adversity. Have children or other family members adjust well to parental separation (marital or geographic), divorce, and related issues, such as custody arrangements. References to the family wanting to improve or overcome a substance abuse problem.	8
No Improvement or Change Needed.	15

3.7 Current Problems Facing Head Start Families

In the fall of 1997, Head Start families were asked to talk about any problems their families had experienced that they felt may have interfered with their children's adjustment to Head Start. Exhibit 3-6 summarizes the parents' perceptions of problems their families faced. Content analyses of the parents' responses indicated that a large majority (75%) felt that their families had no problems, or at least no problems that interfered with their children's adjustment to Head Start. Less than 10% of the families reported any specific problems. There were no significant differences in parents' reports of current family problems in regard to family and child demographics.

Exhibit 3-6
Parents' Perceptions of Current Family Problems

	Percentages
No Current Problems that Interfere with Children's Adjustment to Head Start.	75
Family Structure, Stability and/or Living Environment. Lacking stability/structure or organization and problems with child care.	8
Family Relationships. Problems with father-child, mother-child, sibling, and overall family relationships that were disrupted, non-optimal or problematic.	8
Family Separation or Death. Difficulty adjusting to parental separation, divorce, or geographic separation of family members, child custody/visitation, family member in jail, death in the family or someone close to the child.	8
Meeting Physical and Financial Needs. Lack of income to meet necessities, unemployment or unacceptable employment.	8
Health or Behavior Problems. Health problems (including mental health) or special needs, behavioral and/or attitudinal problems of child or other family member.	5
Abuse Problems. Physical abuse, sexual abuse, neglect, or substance abuse problems.	3

3.8 Head Start Child and Family Participation in Head Start

In the spring of 1998, Head Start parents were asked about their families' participation in activities at Head Start, including how their children felt about going to school each day, and how much they valued their own participation in Head Start activities. The parents' perceptions of their children's feelings about Head Start, as well as how they felt about parent involvement in the program, are discussed in the following two sections.

Children's Participation in Head Start

Content analyses of the parents' reports regarding whether or not their children enjoyed the Head Start experience indicated that almost all of the parents (92%) felt that their children enjoyed Head Start and were excited about going to school each day. The most frequent reason reported by parents for why their children enjoyed Head Start was that they liked to socialize or be with their friends and play (40%). Parents also reported that the children seemed to enjoy the toys and activities such as arts and crafts and games (24%), the academics (19%), as well as the teachers (15%). While approximately 11% of the parents reported that their children were ambivalent about their feelings -- sometimes they enjoyed Head Start, sometimes they did not -- most of the parents felt their children were only reluctant to go whenever they had something else they wanted to do more. Only 1% of the parents reported that their children did not enjoy Head Start or going to school. There were no significant differences in parents' reports of how their children felt about Head Start based on family and child demographics.

> "She likes Head Start a lot. Even when she is tired because she went to bed late or had difficulty sleeping, she gets up as soon as I tell her it's time to go to school."
>
> "She likes Head Start a lot. When she comes home, she tells me all the activities she was involved in during the day."

Head Start Families' Participation in Head Start

In the spring of 1998, Head Start families were asked the following three questions about their participation in Head Start:

- How important is it to you to participate in Head Start activities and why?
- Could you tell us about one or two activities you have participated in at the center this year?
- What kinds of things made it easier or harder for you to participate?

Content analyses of the parents' responses to these questions indicated that a large majority of the Head Start families felt that it was important for them to participate in Head Start activities. Most parents identified work or school schedules or other time constraints as the primary barriers to participating more in Head Start activities.

Why It Was Important to Participate in Head Start Activities

Content analyses of the parents' responses indicated that a majority (95%) felt that it was important or very important for them to participate in Head Start activities (Exhibit 3-7). Around 34% of the parents indicated that parent involvement was important because it helped their children, their children enjoyed it, or because it was meaningful to their children to have their parents participate in activities at their schools. Thirty-three percent of the parents felt that being involved and active at Head Start helped them stay informed about what their children were learning and experiencing. There were no significant differences in parents' reports of the importance of participating in Head Start activities based on characteristics of the family or child.

> "I think it gives your child more confidence, makes them know you are interested in them and that makes them more interested in school because they know the parents are interested in school."

Exhibit 3-7
Parents' Reasons for Participating in Head Start Activities

	Percentage
It helps children, children like it, it is important to the children	34
To know what children are learning and experiencing at Head Start	33
It helps parents to learn, parents like it	22
To monitor or watch what the Head Start program is doing	11
To demonstrate to the teacher that parents are interested	11
To be involved in their children's education	9
To meet other parents	2
Not explained	20

Types of Activities in Which Families' Participate

Exhibit 3-8 summarizes the types of Head Start activities in which parents most often participated. Content analyses of the responses indicated that a majority of parents (90%) had participated in Head Start activities with only 10% reporting that they had not participated in any activities. Almost one half of the parents (49%) reported that they had participated in social events at Head Start that were organized around holidays or special parties while 30% reported that they had participated in the classroom as a volunteer or a bus monitor.

Exhibit 3-8
Types of Head Start Activities Participated in by Families

	Percentage
Holiday or special parties or other social events	49
Classroom volunteer	30
Field trip volunteer or other activity outside of Head Start	27
Parent meetings/Policy Council	23
Workshops or meetings with special topics or instruction	9
Fundraising activities	8
Parent drop-in activities	5
Parent-teacher conferences	5
Have not participated in any activities at Head Start	10

Barriers and Facilitators to Families' Participation

Exhibit 3-9 presents the barriers and facilitators mentioned by the parents. Most parents (91%) discussed barriers to participating in Head Start activities. Almost two thirds of the parents (65%) identified work or school schedules or other time constraints as the main barriers they encountered. Almost one third (30%) reported that a lack of child care for their other children prevented them from attending activities more often. Less than one fifth of the parents (16%) said they did not feel comfortable with the Head Start staff, reporting that they were not receptive or accommodating, and often scheduled activities at inconvenient times. Only 13% of the parents talked about facilitators or things that made it easier for them to participate at Head Start. The facilitators that were mentioned by the parents included the openness of the Head Start teachers and staff, and the proximity of the centers to where they lived.

> "What makes it really hard to participate in activities is the time when they are scheduled. They usually have them in the morning during the time my child is in Head Start, but because I also go to school during that time then that limits my participation. What it means to me is that if I participate in Head Start activities, I usually have to miss school and I don't like to do that."

Exhibit 3-9

Parents' Reports of Barriers or Facilitators to Head Start Participation

	Percentages	
Barriers – What Made Participation More Difficult		91
Work or school schedules, time constraints	65	
Other children at home to watch, lack of child care	27	
No transportation, distance from Head Start center	17	
Head Start staff not receptive, parents' schedules not considered when planning events, cultural barriers perceived	16	
Parents, children, or other family members had physical or medical problems	14	
Facilitators – What Made Participation Easier. Included openness of teachers and staff, easy transportation or proximity of center, entire family can attend activities.		13

3.9 Satisfaction with Head Start

In the spring of 1998, Head Start families were asked about their satisfaction with Head Start. Specifically, parents' were asked if they felt the program was meeting the needs and goals of their children. Exhibit 3-10 summarizes the parents' satisfaction and dissatisfaction with Head Start. Content analyses of primary parents' responses indicated that a majority (97%) reported they were satisfied or very satisfied with Head Start and felt that the program was meeting the needs and goals of their children. Well over one half (57%) of these parents reported they were satisfied with Head Start because of the program's emphasis on academics. They felt that their children were learning and the program prepared their children for kindergarten. Satisfaction with the program's emphasis on the total child, including the physical, social or behavioral development of their children, was mentioned by 52% of the parents. However, 34% of the parents also gave some indication that they were not satisfied with Head Start and felt the program was not meeting the needs and goals of their children. One third of these parents (33%) said they wanted Head Start to have more of an emphasis on academics. They felt their children were not learning and were not being prepared for kindergarten. Around 30% indicated that they had problems with some Head Start staff and also expressed dissatisfaction with service-related issues such as the hours of operation or Head Start's enrollment policies. There were no significant differences in parents' reports of satisfaction with Head Start based on family and child characteristics.

> "I wish Head Start would teach him more about numbers, letters and spelling his own name. It's not one of their strong points. Usually by the time they start kindergarten, they're starting to write their own names and he's not doing that. You try to teach him and he doesn't have no interest."

Exhibit 3-10

Parents' Satisfaction and Dissatisfaction with Head Start

		Percentages
Satisfied or Very Satisfied with Head Start - Program Meeting Needs and Goals of Children		97
Why Satisfied?		
Emphasis on academic issues, children learning, prepared for kindergarten	57	
Emphasis on the total child – physical, social, behavioral development	52	
Like Head Start staff	17	
Emphasis on health and nutrition	12	
Child is happy and having a good experience	8	
Meeting families' needs and goals	8	
Head Start "takes good care of them"	4	
Not Satisfied with Head Start – Program Not Meeting the Needs and Goals of Children		34
Why Not Satisfied?		
More emphasis on academic issues, children not learning, not prepared for kindergarten	33	
Problems with Head Start staff	30	
Service-related issues with Head Start (e.g., program operations, hours of operations, enrollment issues)	30	
Transportation issues or problems	12	

More emphasis on the total child – physical, social behavioral development	9
Not meeting families' needs and goals	3

3.10 Parenting Beliefs and Efficacy

In the spring of 1998, Head Start families were asked the following questions about their parenting beliefs:

- What are the things you think are important for you to do with your child as she grows up?
- What kinds of things do you want to teach your child?
- How successful do you feel you have been in accomplishing these things with your child?

Exhibit 3-11 summarizes the parents' parenting beliefs. Content analyses of the responses indicated that a majority (61%) reported they felt it was important to teach their children values or morals. In addition, almost one half of the parents (47%) thought it was also important to teach or show their children that education was important, around 46% felt is was important to teach their children how to behave, and 44% believed it was important to guide their children and help them set goals in life. A majority of the parents felt that they were successful (52%) or somewhat successful (41%) at accomplishing these things with their children, while only 7% of the parents believed that they were not successful or did not know if they were successful. Overall, there were no significant differences in the parents' reports of parenting beliefs and efficacy based on characteristics of the family and child. However, parents of Hispanic children were significantly more likely to report the importance of teaching their children that education was important as well as parents of children with ethnicity other than White, African-American or Hispanic background, while parents of White children were significantly less likely to emphasize the importance of education.

> "Try to teach him the basics of right and wrong. Teach him to be a responsible person and respect people. To grow up to be a well balanced person and a caring person, that is important."
>
> "To help her set her goals high. To have high standards in life, generally, and to believe that she can do anything she wants to do."

Exhibit 3-11

Parenting Beliefs as Reported by the Parents

	Percentages
Teach Them Values/Morals. Be a good person, learn right from wrong, impart religious values, responsibility, respect for others.	61
Teach Or Show Them Education Is Important. Read and write.	47
Teach Them How To Behave. Obedience, discipline, respect and manners.	46
Guide Them And Help Them Set Their Goals. Support them, be there for them, be their mentor, help them to succeed.	44
Spend A Lot Of Quality Time With Them. Give them attention, talk with them.	29
Teach Them To Stay Safe, Drug-Free, And About Sex. Problem avoidance.	25
Have A Good Relationship With Them. Love them.	21
General - Teach them everything I know.	17
Improve Their Self-Esteem And Self-Respect . How they feel about themselves.	16
Expose Them To Things. Provide extra-curricular activities.	13
Teach Them To Be Independent And Self-Sufficient. Take care of themselves.	11
Teach Them Issues Related To Health.	7
Help Them To Be A Good Parent. Manage a household.	4
Other.	12

3.11 Parenting Satisfaction and Supports

In the spring of 1998, Head Start families were asked how satisfied they were in their roles as parents. They were also asked to talk about the role that Head Start had played in supporting them as parents and to discuss the kinds of supports that they felt would help them. Content analyses of their responses indicated that a majority (69%) reported they were very satisfied with their role as a parent and only 5% reported that they were not very satisfied. When asked to talk about the role that Head Start played in helping them, 33% of the parents said that Head Start had done nothing, very little, or they did not know if Head Start helped them. Almost one fourth of the parents (24%) reported that Head Start had helped them understand child development or taught them how to improve their interactions with their children, and 23% reported that Head Start had helped them by teaching their children skills or academics. When asked what kind of support they needed as parents, 25% of the parents said they needed financial help and 17% reported a need for more help from other family members. About 20% of the parents felt they did not need any additional support. There were no significant differences in parents' reports of parenting satisfaction and supports based on family and child demographics. Exhibit 3-12 summarizes the parents' responses to how Head Start has helped them in their role as parents and Exhibit 3-13 presents the areas in which parents felt they needed support or help.

> "Yes, I am very satisfied. Being a parent is a good experience. You learn a lot in a hurry when you have a kid. You also feel like a very special person because you have the ability to bring life into the world."

Exhibit 3-12
The Role Head Start Played in Helping the Parents

	Percentages
None/Very Little/Don't Know.	33
Understand Child Development And How To Interact With My Child Better. Parenting skills, workshops.	24
Teaches Children Skills And Academics. Things that I cannot teach them.	23
General Support System.	16
Help with Discipline.	14
Care Taking. Taking care of child during the day.	11
Providing Services or Referrals.	8
Help Improve Health Habits And Nutrition.	3

Exhibit 3-13
What Would Help Head Start Parents

	Percentages
Financial Help. More money, new or better job, house, car.	25
Nothing.	20
More Help From Other Family Members Or Others – Support System.	17
More Workshops Or Parent Training.	14
More Help From Significant Other. Biological, step-, or other parent figure.	12
More Time In The Day -- More Time With Children Or Family.	9
More Education Or Schooling. Need to go back to school, need a degree.	6
Help With Child Care.	6
Help With Parent's Personal Characteristics Or Qualities. More patience.	6
Need Time Away From Family Or Children. Respite.	5
Help Regarding Discipline.	4
Don't Know.	6

3.12 Head Start Families' Perceptions of their Neighborhoods

During home visits conducted during the spring of 1998, Head Start families were asked to describe their neighborhoods. The following questions were asked:

- How would you describe your neighborhood? What kind of place is it to raise a child?
- What are some of the things you really like about your neighborhood?
- If there were three things you could change about your neighborhood, what would these things be?

Content analyses of the parents' open-ended descriptions of their neighborhoods indicated that most parents (75%) seemed to feel that their neighborhoods were good places to raise children or had several strengths. Most parents also seemed to use the same set of criteria in judging whether their neighborhoods were good or bad places to raise their children. These criteria included: 1) safety, particularly the presence of crime and/or drugs in their neighborhood; 2) the quality of interactions with their neighbors or whether they could trust their neighbors; and 3) the presence of social and physical indicators in their neighborhoods, such as abandoned or vandalized buildings and groups of people loitering.

Parents' Assessments of Their Neighborhoods as Places to Raise Children

When parents were asked how they would describe their neighborhoods in terms of the kinds of places they were to raise children, most (75%) responded that their neighborhoods were good places to raise children or that their neighborhoods had several strengths (Exhibit 3-14). Of these parents, 66% mentioned good neighbors and positive interactions as a positive feature, 62% said their neighborhoods were quiet or peaceful, and 53% reported that their neighborhoods were safe and free of crime and drugs. Less than one half (42%) mentioned that they liked the physical aspects of their neighborhoods, 28% mentioned using neighborhood resources, and 25% liked the social and cultural makeup of their neighborhoods.

> "Quiet, really friendly neighborhood. Everyone knows everyone else. When someone moves in, we go and introduce (ourselves). It's a nice place and everyone looks after the kids and makes sure they don't get into trouble. The kids get along really well and don't fight."

However, 25% of the parents said that their neighborhoods were not good places to raise children or they reported that their neighborhoods had several problems or weaknesses. Of these parents, 68% were concerned about safety, crime, or drugs, 52% mentioned bad neighbors or negative interactions, 24% disliked the social and cultural makeup of their neighborhoods, 20% mentioned a lack of neighborhood resources and activities, and 20% disliked the physical aspects of their neighborhoods. Overall, there were no significant differences in parents' reports of their neighborhoods as places to raise children based on family or child characteristics. However, parents who had not graduated from high school or attained a GED were significantly more likely to indicate that their neighborhoods were not good places to raise children.

> "This neighborhood has deteriorated…before there were no drugs nearby, but now they are even in my building. My neighbors are smoking them everywhere, even in the hallways. Now I have to be even more careful when allowing my children to play out in the street. I have to take them elsewhere to play but there isn't a good place to take them nearby."
>
> "This neighborhood is definitely not a good place to raise children because children learn (from) what they see and I don't want my children to learn some of the things that one sees around here."

Exhibit 3-14

Parents' Perceptions of Their Neighborhood as a Place to Raise Children

	Percentages	
Neighborhood A Good Place to Raise a Child or Had Several Strengths:		**75**
Safe/Free of Crime and Drugs.	53	
Quiet/Peaceful.	62	
Good Neighbors/Positive Interactions with Neighbors. Friendly, helpful, no one bothers you, trust neighbors and children in neighborhood.	66	
Neighborhood Resources/Activities.	28	
Composition of the Neighborhood. Many children, mix of ages, family-types, ethnic groups.	25	
Physical Aspects of the Neighborhood. Clean, large yards, room for kids to play, not crowded, safe traffic.	41	

	Percentages	
Neighborhood Not A Good Place to Raise a Child or Had Several Problems or Weaknesses:		25
Safety/Reducing Crime and Drugs.	68	
Bad Neighbors/Negative Interactions with Neighbors. Unfriendly, no one helps each other, they cause problems or trouble, do not trust neighbors and children in neighborhood.	52	
Improve Availability/Access to Neighborhood Resources/Activities.	20	
Composition of the Neighborhood. Not many children, wrong kind of people or families, unstable neighborhood.	24	
Improve Physical Aspects of Neighborhood. Run down, dangerous traffic, crowded.	20	

What Parents Really Liked about their Neighborhoods

When asked about some of the things they really liked about their neighborhoods, parents' most frequent responses were that they liked their neighbors (53%). Nearly one third (32%) liked the quiet and peacefulness of their neighborhoods, 24% liked their neighborhoods' resources and activities, 20% liked the convenience or proximity to schools, businesses and transportation, and 15% liked the safety of their neighborhoods and their neighborhoods' lack of crime and drugs. Other

> "I like my neighbors. My neighbors never bother me and they are helpful."

positive attributes mentioned included the physical aspects of the neighborhood (13%) and neighborhood demographics (9%). Ten percent of the respondents reported that there were no or very few good things about their neighborhoods.

What Parents Would Change About Their Neighborhoods

Parents were also asked to identify three things they would change about their neighborhood. Nearly one half (49%) answered that they would improve the physical aspects of their neighborhood. One third would change their neighbors or their interactions with their neighbors and 27% would improve the availability and access to neighborhood resources and activities. Twenty percent felt that safety should be improved and crime and drugs decreased, while 11% would change the social and cultural makeup of the neighborhood. Almost one fourth of the parents (22%) said they would change very little or nothing about their neighborhoods. Exhibit 3-15 presents the parents' reports of what they liked about their neighborhoods and what they would change about their neighborhoods.

> "I would like to see the neighborhood be better taken care of. I would want to see houses painted, more trees and cleaner streets."

Exhibit 3-15

What Parents' Like about their Neighborhoods and What They Would Change

	Percentages
What Parents Like About Their Neighborhoods	
Safe/free of crime and drugs.	15
Quiet/peaceful.	32
Good neighbors/positive interactions with neighbors.	53
Neighborhood resources/activities.	24
Demographic composition of the neighborhood.	9
Physical aspects of the neighborhood.	13
Convenience/proximity to schools, businesses, transportation.	20
There are no good things or very few good things about my neighborhood.	10

What Parents Would Change About Their Neighborhoods	Percentages
Safety/reducing crime and drugs.	20
Bad neighbors/negative interactions with neighbors.	33
Improve availability/access to neighborhood resources/activities.	27
Demographic composition of the neighborhood.	11
Improve physical aspects of neighborhood.	49
I would not change anything or very little about my neighborhood	22

Neighborhood Resources

Exhibit 3-16 presents the percentage of parents who indicated that they had certain resources in their neighborhoods. Less than one half of the parents (43%) reported they had a neighborhood watch program, a neighborhood organization, or a public library. Over two thirds of the parents (69%) indicated they had access to public transportation, recreation centers, parks, doctor's offices, and day care centers as well as commercial businesses such as grocery stores and pharmacies. More than three quarters of the respondents reported that they had a convenience store and a church in their neighborhoods.

Exhibit 3-16

Resources Present in all of the Neighborhoods, as Reported by the Parents

Neighborhood/Community Resources	% Reported	Neighborhood/Community Resources	% Reported
Public playground or park	74	Public library	43
Recreation or community center	52	Neighborhood watch program	43
Day care center	63	Neighborhood organization or tenant's council	29
Clinic or doctor's office (for children)	58	Supermarket/chain grocery store	70
Public transportation	69	Convenience or corner store	86
Church	87	Pharmacy or drug store	61
Elementary school	70	Bank	61

Social and Physical Neighborhood Quality Indicators

Parents were also asked about the presence of several social and physical quality indicators in their neighborhoods (Exhibit 3-17). Less than one half of all respondents (43%) indicated that they had abandoned or boarded up buildings or adolescents loitering in their neighborhoods. Less than one third of all parents (33%) reported graffiti, vandalism, or abandoned vehicles in their neighborhoods. Parents who indicated that their neighborhoods were not good places to raise children were more than twice as likely to report the presence of these indicators than parents who indicated that their neighborhoods were good places to raise children.

Exhibit 3-17
Social and Physical Quality Indicators Present in all of the Neighborhoods, as Reported by the Parents

	Percentages		
Physical and Social Quality Indicators	All neighborhoods	Good neighborhoods to raise children	Bad neighborhoods to raise children
Abandoned or boarded up buildings	43	31	78**
Graffiti or vandalism	33	24	61**
Abandoned cars or farm equipment	32	23	59**
Adolescents loitering	47	33	87**
Adults loitering	42	26	91**

**=chi-square *p*-value <.01

3.13 Summary

The data from home visit interviews have contributed to a more complete picture of Head Start families and children, their interactions with Head Start, and their neighborhoods. Highlights from the findings regarding Head Start families and children include:

Primary Reasons for Enrolling their Children in Head Start

- The primary reason families enrolled their children in Head Start were child-focused. Specifically, a majority of parents enrolled their children in Head Start for general educational reasons, such as helping their children to learn, as opposed to specific educational reasons.

Hopes and Goals for Head Start Children

- Case study families generally held optimistic expectations for their children's early schooling experiences. Most parents' hopes and goals for their children were focused on general education goals, such as learning basic skills and doing well in school.

- Most parents also had optimistic expectations about their children's future educational attainment. Most respondents had specific long-term educational goals for their child, such as graduating from high school and attending college.

Family Strengths

- Most case study families saw the positive relationships they had within their families as the primary strength of their families. Positive relationships were most often characterized as the closeness or togetherness of their family or knowing that they could rely on one another and would take care of each other.

Parenting Beliefs, Efficacy, and Satisfaction

- Most case study families believed it was important for them to teach their children values or morals. Many families felt it was also important to teach or show their children that education was important, teach them how to behave, and guide them and help them set goals in their lives.

- Most parents also felt that they were successful or somewhat successful at teaching these things to their children. Finally, most parents indicated that they were very satisfied with their roles as parents.

Highlights from the findings regarding families' interactions with Head Start include:

Participation in Head Start

- A majority of parents indicated that their children enjoyed Head Start or they were excited about going to Head Start each day. Most parents reported that their children enjoyed Head Start because they liked socializing, being with friends, and playing.

- A majority of Head Start families reported that they had participated in Head Start activities and they felt that it was important or very important to be involved.

- Most parents identified work and/or school schedules or other time constraints as the primary barriers they faced in participating more in Head Start activities.

Head Start Satisfaction

- A majority of Head Start families indicated they were satisfied or very satisfied with Head Start and felt that the program was meeting the needs and goals of their children.

- A majority of the parents said they were satisfied with Head Start because of the emphasis on academics. They felt that their children were learning, the program was preparing their children for kindergarten, and they were satisfied with the emphasis on the total child, including their physical, social, or behavioral development.

- However, about one third of the parents also said that they were not satisfied with Head Start and felt the program was not meeting the needs and goals of their children. Most of these parents wanted more of an emphasis on academics, and felt their children were not learning or being prepared for kindergarten. They also expressed some dissatisfaction with Head Start staff or service related issues such as the hours of operation or enrollment policies of the program.

Head Start Parenting and Family Support

- The parents' perceptions of the role that Head Start played in helping their families were mixed. Around one third of the parents reported that Head Start had done nothing or very little for them, or they were unsure what Head Start had done for them. Around one fifth of the parents indicated that their involvement with Head Start had helped them interact better with their children.

- Help with discipline, serving as a general support system, and teaching them about child development were other ways they reported that Head Start had helped their families.

Highlights from the findings regarding Head Start families' neighborhoods include:

Head Start Families' Perceptions of their Neighborhood

- A majority of Head Start families indicated that their neighborhoods were good places to raise children or had several strengths.

- Most parents seemed to use the same set of criteria to distinguish whether their neighborhoods were good or bad places to raise their children. These criteria included: 1) safety, particularly the presence of crime and/or drugs in their neighborhoods; 2) the quality of interactions with their neighbors or whether they can trust their neighbors; and 3) the presence of social and physical indicators in their neighborhoods, such as abandoned or vandalized buildings, and groups of people loitering.

4.0 Monthly Telephone Interviews

4.1 Overview

Brief, monthly telephone interviews, consisting of close-ended questions, were conducted with the case study families over the course of 12 months. Core questions were asked each month to provide updates on changes in each family's household composition, child care arrangements, employment status, health status, and Head Start participation. Rotated questions were asked approximately once every six months regarding each family's social support, psychological well-being, family resources, and transitions to kindergarten. The findings from these telephone interviews are presented in this chapter.

4.2 Core Questions

The monthly telephone interviews were conducted over two continuous spans of time covering twelve months: 1) a five-month period from November 1997 to March of 1998, and 2) a seven-month period from June 1998 to December 1998. From these two spans, three samples were created to conduct analyses on the core data from the telephone interviews.[1]

- **Five-Month Sample**: Families who responded at least three times in the 5-month span from November 1997 to March 1998. This sample included 72 out of the 113 case study families (64%) in the sample during this time span. The most typical families (51%) responded 4 out of the 5 months, 26% responded 3 months, and 22% responded all 5 months.

- **Seven-Month Sample**: Families who responded at least five times in the 7-month span from June 1998 to December 1998. This sample includes 56 out of the 104 case study families in the sample at the end of the study (54%). The most typical families responded all 7 months (48%), 32% responded 5 months, and 20% responded 6 months.

- **Twelve-Month Sample**: Families who responded at least eight times in the 12 months combining both spans from November 1997 to December 1998. This sample includes 47 out of the 104 case study families in the sample at the end of the study (45%). The most typical families responded 11 months out of the 12 months (36%), 11% responded 8 months, 13% responded 9 months, 19% responded 10 months, and 21% responded during all 12 months.

Analyses with these samples allowed for comparisons over three separate samples of families to determine the consistency of the findings over time, as well as to look at findings based on different lengths of time. The following sections present the findings from the core data collected monthly from the Head Start families.

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[1] Analyses indicated that these samples were not significantly different from the case study sample of Head Start families on basic demographic information including household income, marital status, ethnicity, educational attainment, employment.

Household Composition

Across the three samples, roughly one third of the families (between 27% and 38%) experienced a change in their household compositions. Approximately 1 in 4 of the families in the seven-month sample had someone move in or out of their households, and as many as 1 in 3 of the families in the five- and twelve-month samples had someone move in or out of their households (Exhibit 4-1). Most families experienced changes in their household composition only once over the three samples (84%, 53%, and 61% respectively), although more than one third of the families experienced changes twice or more in the seven- and twelve-month samples. Most of the families' changes in household composition involved people moving into their home across the three samples (64%, 53%, and 61% respectively). Most of these moves into the household involved immediate family members –including mothers, fathers, siblings and step-family members across the three samples (53%, 59%, and 67%, respectively).

Exhibit 4-1
Changes in the Household Composition of Head Start Families

	Five-Month Sample (*n* = 72)	Seven-Month Sample (*n* = 56)	Twelve-Month Sample (*n* = 47)
Percentage of Families With Changes in Their Households:	35	27	38
Once	84	53	61
Twice or more	16	47	39
Percentage of Families with:			
Moves in			
Moves out	64	53	61
Moves in and out	24	7	11
	12	40	28
Immediate family member moves in	53	59	67

Employment

Results presented in Exhibit 4-2 indicate that almost one third of the families (32%) experienced a change in employment in the five-month sample, while more than one half of the families experienced a change in employment in the seven- and twelve-month samples (52% and 60%, respectively). In addition to being more likely to have experienced a change in employment status, more than one half of the families in the seven- and twelve-month samples who did have a change in employment status were likely to have experienced two or more changes (55% and 57%, respectively). The majority of families in the five-month sample who did have a change in employment status experienced only one such change (74%).

More families gained employment across all three samples, with as many as two thirds to three fourths of the families in the five- and twelve-month sample gaining employment (78% and 66%, respectively). Between one quarter to one third of the families lost employment across the three samples (26%, 37%, and 34%, respectively). Results were not consistent across the three samples in regard to full-time employment. More families in the five-month sample gained full-time employment (61%) than lost full-time employment (17%), more families in the seven-month sample lost full-time employment (82%) than gained full-time employment (50%), and about an equal number of families in the twelve-month sample gained (42%) and lost (44%) full-time employment. Although results were mixed as to whether most families gained or lost full-time employment, the results showed that females in Head Start families were experiencing a majority of these changes. Across all three samples, over 70% of the gains in employment and over 50% of the lost employment opportunities involved females. These results are not surprising given that female-only headed households comprised 52% of the case-study sample.

Exhibit 4-2
Changes in the Employment Status

	Five-Month Sample (*n* = 72)	Seven-Month Sample (*n* = 56)	Twelve-Month Sample (*n* = 47)
Percentage of Families With Changes in Employment:	32	52	60
One change	74	45	43
Two or more changes	26	55	57
Percentage of Families:			
Gained employment	78	48	66
Lost employment	26	37	34
Gained full-time employment	61	50	42
Lost full-time employment	17	82	44
Percentage of Families: [a]			
Mother gained employment	78[b]	71[c]	74[d]
Father gained employment	22	14	21
Mother lost employment	50	62	50
Father lost employment	50	23	30

[a] Reported percentages are based on households

[b] In the 5 month sample, mothers were present in 90% of households; fathers were present in 48% of households.

[c] In the 7 month sample, mothers were present in 91% of households; fathers were present in 43% of households.

[d] In the 12 month sample, mothers were present in 89% of households; fathers were present in 46% of households.

Household Income

Results presented in Exhibit 4-3 indicate that almost one fourth of the families (24%) in the five-month sample experienced a change in their household incomes, while almost 4 out of 10 families in the seven- and twelve-month samples (37% and 40%, respectively) experienced change in their household incomes. In addition to being more likely to have experienced a change in income, more than 60% of the families in the seven- and twelve-month samples who did have a change in income were likely to have experienced two or more changes. The majority of families in the five-month sample who did have a change in income experienced one change (71%).

More gains rather than losses in income were found in the seven- and twelve-month samples, which have longer time frames. In both of these samples, more than 60% of income changes were gains while approximately 40% of changes were losses of income. However, in the five-month sample, with a shorter time frame, 60% of the changes were losses of income and 40% of the changes were gains. Results examining gains and losses among use of federal programs showed few systemic patterns. However, results across the three samples indicate that as few as 11% and as many as 33% of the changes in household income among Head Start families involved losing TANF benefits. In addition, results across the three samples consistently showed that 1 out of 5 changes in household income involved losing food stamps.

Exhibit 4-3
Changes in Household Income

	Five-Month Sample (*n* = 72)	Seven-Month Sample (*n* = 56)	Twelve-Month Sample (*n* = 47)
Percentage of Families With Changes in Income:	24	37	40
One change	71	38	37
Two or more changes	29	62	63
Percentage of Changes in Income That Were Gains:	40	64	63
Gained TANF	0	7	0
Gained food stamps	20	7	7
Gained WIC	10	7	7
Gained Medicaid	10	19	7
Percentage of Changes in Income That Were Losses:	60	41	38
Gained TANF	20	33	11
Gained food stamps	27	22	22
Gained WIC	7	11	22
Gained Medicaid	7	0	11

Health

Results presented in Exhibit 4-4 indicate that most Head Start families experienced some physical illness, and of those families, a majority experienced illness more than once. Over 60% of families in all three samples reported that at least one adult or child in their households had a physical illness, and over 60% of these families reported a child or adult who was sick more than once. One third to one half of the time it was the Head Start children or their siblings who were sick. Surprisingly, in one quarter to one third of the cases across the samples, the physical illnesses were serious enough to require hospitalization.

The percentage of Head Start families experiencing accidents or injuries ranged from 21% in the five-month sample to 43% in the twelve-month sample. The majority of accidents or injuries involved children and required hospitalization in between 15-20% of cases. The percentage of Head Start families experiencing psychological or emotional problems ranged from 18% in the five-month sample to 34% in the twelve-month sample. The majority of psychological or emotional problems involved adults and none required hospitalization.

Exhibit 4-4
Family Health

Percentage of Families Who Had:	Five-Month Sample (*n* = 72)	Seven-Month Sample (*n* = 56)	Twelve-Month Sample (*n* = 47)
Physical Illnesses:	69	64	81
Once	36	31	21
Twice or more	64	64	76
Every month	24	5	3
Head Start child	45	29	39
Mother/father	30	51	32
Siblings	15	12	18
Percentage hospitalized	24	34	32
Accidents or Injuries:	21	29	43
Adults	22	47	38
Children	78	53	62
Percentage hospitalized	21	18	15
Psychological or Emotional Problems:	18	27	34
Adults	62	67	75
Children	38	33	25
Percentage hospitalized	0	0	0

Child Care Arrangements

Results presented in Exhibit 4-5 indicate that 40% or more of the Head Start families in the seven- and twelve-month samples reported changes in their child care arrangements. In addition, a majority of the families experienced two or more changes in child care arrangements during these times. More than 1 out of 4 families (26%) in the twelve-month sample had three or more changes in child care arrangements. Results from the five-month sample, with a shorter time frame, indicated that 18% of families had changes in child care arrangements, and a majority experienced only one change in child care arrangements during that time. Results also indicated that about two thirds of the Head Start families who experienced changes in child care arrangements had their children in some form of child care for 20 hours a week or more.

Exhibit 4-5
Child Care Arrangements

	Five-Month Sample (*n* = 72)	Seven-Month Sample (*n* = 56)	Twelve-Month Sample (*n* = 47)
Percentage of Families With Changes in Child Care Arrangements:	18	41	40
Once change	77	43	37
Two or more changes	23	57	63
In child care ≥ 20 hours/week	62	65	68

Involvement in Head Start

When examining the five-month sample, which is the only sample that includes a time period with no months where Head Start was out of session (November to March), a majority of families (73%) were asked to participate in an activity every month (Exhibit 4-6). The results of families' involvement in specific Head Start activities, such as parent meetings, volunteering, and field trips, show similar findings across activities – high rates of families being asked to participate in activities, high rates of participation by families, and high levels of satisfaction with these activities.

Exhibit 4-6
Involvement in Head Start Activities

	Five-Month Sample (*n* = 72)
Percentage of Families Asked to Participate:	97
Every month	73
Percentage of Families Asked to Participate in Parent Meetings:	94
Every month	55
% Participated	50
% Very Satisfied	63
Percentage of Families Asked to Participate in Parent-teacher Conferences:	71
Every month	15
% Participated	71
% Very Satisfied	71
Percentage of Families Asked to Volunteer:	80
Every month	30
% Participated	66
% Very Satisfied	81
Percent of Families Asked to Participate in Home Visits:	54
% Participated	92
% Very Satisfied	76
Percentage of Families Asked to Participate in a Field Trip:	88
Every month	19
% Participated	54
% Very Satisfied	77

4.3 Rotated Questions

The following sections present the findings from rotated data collected approximately every six months from the Head Start families regarding social support, psychological well-being, family resources, and their children's transitions to school.

Social Support

Head Start families were asked about three types of social support over the course of the study: intimate, informational, and instrumental. *Intimate social support* concerned the availability of a confidant or someone to talk to about personal matters, *informational social support* involved whether parents had someone they could get advice or information from regarding parenting, and *instrumental social support* involved the availability of someone to help with daily household and child care tasks. For each type of support, parents were asked about their need for the support, the availability and receipt of the support they needed, and their satisfaction with the social support they received. Need was measured on a 5-point scale ranging from no need (1) to very great need (5). Satisfaction was measured on a 6-point scale ranging from very dissatisfied (1) to very satisfied (6). Families were asked about each type of social support twice a year using measures adapted from previous studies (Chen, Telleen, & Chen, 1995).

Intimate Social Support. In February of 1998 and September of 1998, families were asked whether they had a need for someone to whom they could talk about personal and private things, whether they had such a person available to them, and whether or not they were satisfied with the support provided from this person. Data were collected from 90 of the case study families in the sample (77%) at least once and collected for 52 of the 90 families at both time points.

In terms of Head Start families' need for intimate social support, findings indicated that the majority of families had at least some need, although the average need was slight. Seventy percent of families indicated that they had some need for intimate social support at least once and 60% of families indicated a need at both time points. The average need was slight (2.3 on a 5 point scale) and did not change over time. However, almost 1 out of 5 of the parents (19%) reported a great need for intimate social support.

Findings revealed that most families who needed intimate social support also felt it was available to them, and a majority of the families reported that they received intimate social support when needed. Intimate social support was available to 75% of families who reported that they needed intimate social support at least once, while 64% of the families indicated it was available at both time points. These findings also reflect some variability in the availability of intimate social support over time with 73% of families indicating it was available in January of 1998 and 66% in August of 1998. Ninety-five percent of the families who indicated they needed intimate social support received support at least once and 91% of the families indicated they received it at both time points. The receipt of intimate social support did not change over time.

Results displayed in Exhibit 4-7 indicated that the average network size of individuals who provided intimate social support to the parents was 1.4 persons. Sixty-five percent of parents had at least one person they could talk to about something personal or private, 30% had more than one person, and only 5% of parents had no one with whom they could talk. Parents most often received intimate social support from extended family members (48%) and friends or neighbors (51%). Eleven percent of the parents received intimate support from Head Start staff, more than from church leaders or members, colleagues at work, or other professionals combined.

Exhibit 4-7
Intimate Social Support Networks of the Parents

	Mean (*SD*)
Average Network Size	1.4 (.86)
January 1998	1.5 (.99)
August 1998	1.3 (.88)
	Percentages
No person in network	5
One person in network	65
One or more in network	30
Types of Relationships in Network:	
Friend/neighbor	51
Extended family	48
Spouse/partner/ex	22
Son/daughter	2
Head Start	11
Work	5
Professional help givers	3
Church	2

Finally, the majority of Head Start families (73%) were very satisfied with the intimate social support they received. The average satisfaction rating was 5.5 on a 6-point scale and did not change over time.

Informational Social Support. In January of 1998 and August of 1998, families were asked whether they had a need for someone to whom they could go to for information or advice about parenting, if such a person was available, and whether or not they were satisfied with the support they received from this person. Data were collected from 85 of the case study families in the sample (74%) at least once, and collected for 41 of the 85 families at both time points.

In terms of the families' need for informational social support, findings indicated that less than one half of the families had some need, and the average need was slight. Forty-nine percent of families had some need for informational social support at least once, and 35% of the families indicated a need at both time points. Only 2% of the families reported that they had a great need (4 or more on 5 point scale) for informational social support. The average need was slight (1.7 on a 5-point scale) and did not change over time.

Findings indicated that most families who needed informational social support had it available to them, and a majority of families received informational social support when needed. Informational social support was available to 74% of families who indicated they needed informational social support at least once and 55% of the families indicated it was available at both time points. These findings also suggest some variability in the availability of informational social support over time, with 86% of families indicating it was available in February of 1998 and 50% in September of 1998. Ninety-eight percent of families who indicated they needed informational social support received this support at least once and 95% of families indicated they received it at both time points. The receipt of informational social support also varied slightly over time, with 90% of families reporting they received support in February of 1998 and 97% in September of 1998.

Results displayed in Exhibit 4-8 show that the average network size of individuals who provided informational social support to Head Start parents was 1.6 persons. Forty-eight percent of parents had at least one person from whom they could get parenting advice or information, 50% had more than one person, and only 2% of the parents had no one with whom they could talk. Parents most often received informational social support from extended family members (56%). Almost one fifth of the parents

(19%) received informational support from Head Start staff, more than from friends or neighbors, church leaders or members, colleagues at work, or other professionals.

Exhibit 4-8
Informational Social Support Networks of the Parents

	Mean (*SD*)
Average Network Size:	1.6 (.75)
February 1998:	1.4 (.81)
September 1998:	1.6 (.79)
	Percentages
No person in network	2
One person in network	48
One or more in network	50
Types of Relationships in network:	**Percentages**
Extended family	56
Head Start	19
Friend/neighbor	14
Professional helpgivers	14
Spouse/partner/ex	9
Work	7
Church	2
Son/daughter	0

Finally, most Head Start families (66%) were very satisfied with the informational social support they received. The average satisfaction rating was 5.3 on a 6-point scale and varied over time from 5.5 in February of 1998 to 5.1 in September of 1998.

Instrumental Social Support. Head Start families were asked in March of 1998 and again in October of 1998 whether they needed someone to help them take care of the daily needs of their children and daily household tasks, the availability of such a person, and whether or not they were satisfied with the support they received from this person. Data were collected from 84 of the case study families in the sample (74%) at least once and collected for 44 of the 84 families at both time points.

In terms of the Head Start families' need for instrumental social support to help with their children's daily needs, findings revealed that most families had some need, and that the average need was slight. Sixty-one percent of the families reported that they had some need for instrumental social support to care for their children at least once, and 43% of the families indicated a need at both time points. Only 7% of the families felt they had a great need for instrumental social support for the care of their children.

The average need was slight (1.9 on a 5 point scale) and did not change over time. In terms of Head Start families' need for instrumental social support to help with daily household tasks, findings show that less than one half of the families had some need and that the average need was slight. Forty-six percent of families indicated that they had some need for instrumental social support with household tasks at least once, while 32% of families indicated a need at both time points. One out of ten families (10%) indicated that they had a great need for instrumental social support with household tasks. The average need was slight (1.9 on a 5 point scale) and did not change over time.

In terms of the Head Start families' having instrumental social support for child care duties and household tasks available to them and actually receiving such support, findings show that most families who needed instrumental social support had it available to them, and that a majority of families received instrumental social support when needed. Instrumental social support for child care duties was available to 86% of families who indicated they needed instrumental social support at least once, and 75% of families indicated it was available at both time points. Likewise, instrumental social support for household tasks was available to 67% of the families who indicated they needed instrumental social support at least once and 56% of families indicated it was available at both time points. These findings show some variability in the availability of instrumental social support over time, with 82% of families indicating instrumental social support for child care was available in March of 1998 and 78% in October of 1998, while 65% of families indicated that instrumental social support for household tasks was available in March of 1998 and 58% in October of 1998. Ninety percent of the families who indicated they needed instrumental social support for child care received support at least once, and 84% of families reported that they received it at both time points. The receipt of instrumental social support for child care also varied over time, with 82% of families indicating they received support in March of 1998 and 90% in October of 1998. However, relatively fewer families said they received instrumental social support for household tasks. Sixty-nine percent of the families who indicated they needed instrumental social support for household tasks received support at least once and 62% of the families indicated they received it at both time points. The receipt of instrumental social support for household tasks did not vary over time.

Results displayed in Exhibit 4-9 indicate that the average network size of individuals who provided instrumental social support to the Head Start parents was 1.3 persons for child care duties, and 0.9 persons for household tasks. Fifty-three percent of parents had at least one person they could get help from with child care duties, 37% had more than one person, and 10% of the parents had no one available to give them such help. While 41% of the parents had at least one person they could get help from with household tasks, 28% had more than one person, and 31% of parents had no one who could give them household help. Parents most often received instrumental social support from extended family members and spouses or partners. Sixty-three percent of parents received help with child care tasks from extended family members and 33% received help from their spouse or partner. Likewise, 38% of parents received help from their spouse or partner with household tasks, and 33% received help from extended family members.

Exhibit 4-9
Instrumental Social Support Networks of the Parents

	Child Care	Household Tasks
	Mean (*SD*)	Mean (*SD*)
Average Network Size:	1.3 (.90)	0.9 (.80)
March 1998	1.5 (1.2)	0.9 (.79)
October 1998	1.2 (.80)	0.9 (.89)
	Percentages	Percentages
No person in network	10	31
One person in network	53	41
One or more in network	37	28
Types of Relationships in Network:		
Extended family	63	33
Spouse/partner/ex	33	38
Son/daughter	4	15
Friend/neighbor	14	3
Church	0	0
Head Start	0	0
Work	0	0
Professional help givers	0	0

Finally, most Head Start families were very satisfied with the instrumental social support they received. Seventy-five percent of families indicated they were very satisfied with the support they received with child care tasks and 54% were very satisfied with the support they received with household tasks. The average satisfaction rating was 5.6 for child care task support and 5.3 for household task support, both on 6-point scales. The average satisfaction rating did vary over time for both child care and household task support. Instrumental social support for child care tasks varied from 5.7 in March of 1998 to 5.5 in October of 1998 while instrumental social support for household tasks changed from 5.0 in March of 1998 to 5.4 in October of 1998.

Psychological Well-Being

Head Start families were asked about their psychological well being in November of 1997, June of 1998, and again in November of 1998, using the 20-item CES-D scale (Radloff, 1977). Data were collected from 94 of the case study families in the sample (78%) at least once. Data were collected for 44 of the 94 families at two time points and for 19 of the 94 families at all three time points.

Results from summing the items into a scale score reveal that, on average, the parents were mildly depressed. The sum scores indicate that 34% of the parents were not depressed at any time we talked to them. However, over one fourth (26%) of the parents were mildly depressed at least once during the study, 16% were moderately depressed, and 24% were severely depressed at least once during the study period. Findings presented in Exhibit 4-10 reveal that on 6 out of 12 of the individual items, more than 20% of the sample reported feeling that way occasionally to most of the time. Finally, psychological well-being was stable over time – the average response did not change over the three time points measured in the study.

Exhibit 4-10

Psychological Well-Being of the Parents

	Percentages	
What percentage of parents said they:	Occasionally to Most of the Time	Average Response Mean (SD) Range: 0-3
Were bothered by things that usually don't bother them	13	1.6 (.71)
Felt everything they did was an effort	44	2.2 (1.2)
Had trouble keeping their mind on what they were doing	23	1.8 (.96)
Felt sad	20	1.7 (.83)
Felt fearful	10	1.4 (.68)
Felt lonely	21	1.6 (.87)
Talked less than usual	14	1.4 (.65)
Slept restlessly	29	1.9 (.96)
Felt they could not shake the blues	13	1.5 (.81)
Could not get going	23	1.8 (.80)
Did not feel like eating	16	1.5 (.88)
Felt depressed	13	1.5 (.79)

Family Resources

Head Start families were asked about their family resources in July of 1998 and again in December of 1998 using the 19-item Family Resources Scale (Dunst & Leet, 1987). Data were collected from 80 of the case study families in the sample (74%) at least once and collected from 42 of the 80 families at both time points.

Exhibit 4-11 displays the results for the 19 items of the Family Resource Scale using the sample of 80 Head Start families. Results indicated that in terms of financial resources (the first 12 items in the exhibit), most Head Start families were meeting the basic needs of their families. More than 60% of the families were frequently or always able to pay their monthly bills and had enough money to buy necessities. In addition, more than 75% of families were frequently or always able to have enough food, clothes, furniture, toys, and room in their homes. However, Head Start families did report that they had some difficulties in meeting less basic needs with their financial resources. For instance, most families (>70%) did not feel that they frequently or always had enough money to buy things for themselves, for family entertainment, or to give their children all they wanted to give them. In addition, almost all families (>90%) indicated that they did not frequently or always have enough money for travel, vacations or to save.

Results presented in Exhibit 4-11 also indicated that in terms of the quality of life or support resources (the last 7 items in the exhibit) most Head Start families had strong intra-family supports but often lacked personal or interpersonal supports. For instance, the majority of families (>70%) reported that they frequently or always had enough time to spend with their children and together with their entire family. However, more than 60% of families frequently or always felt that they did not have enough time for themselves, their spouses or close friends, or have enough time to get enough rest or sleep. Finally, results indicated that family resources were stable over the six-month time period measured - the average response (2.2) did not change from July of 1998 to December of 1998.

Exhibit 4-11
Family Resources

	Percentages	
What percentage of parents said they:	Frequently or Always	Average Response Mean (*SD*)
Financial Resources		
Had enough money to pay monthly bills	62	2.5 (.63)
Had enough money to buy necessities	62	2.5 (.58)
Had enough food for three meals a day	91	2.8 (.41)
Had enough clothes for their family	86	2.8 (.51)
Had enough room or space in their home	75	2.6 (.65)
Had enough furniture for their home	91	2.8 (.54)
Had enough toys for their children	87	2.8 (.47)
Had enough money to by things for themselves	26	1.9 (.73)
Had enough money to give their children all that they want to give them	21	1.7 (.71)
Had enough money for family entertainment	29	2.0 (.66)
Had enough money for travel or vacation	8	1.4 (.61)
Had enough money to save	6	1.4 (.56)
Quality of Life Resources:		
Get enough sleep or rest	32	2.0 (.73)
Had enough time to be with their spouse	38	2.2 (.77)
Had enough time together as an entire family	71	2.6 (.63)
Had enough time to be with their children	82	2.8 (.61)
Had enough time to themselves	26	1.8 (.75)
Had enough time to be with close friends	17	1.8 (.63)
Had enough time to socialize	24	1.9 (.62)

Transition to Kindergarten

Head Start families were asked how ready they felt their children were to enter kindergarten in July of 1998 (at the end of their Head Start experience) and again in December of 1998 (after the children attended kindergarten for a few months). Data were collected from 57 of the case study families in the sample (53%) at least once and collected for 21 of the 57 families at both time points.

Results displayed in Exhibit 4-12 indicated that most parents felt their children were very ready physically, academically and socially for school. Results also suggested that the findings for physical and social readiness were stable over the six-month time span measured -- average responses did not change between July of 1998 and December of 1998. However, there was variation in the parents' perceptions of how ready their children were academically prepared for school. On a 3-point scale with 3.0 representing "very prepared," the average response was 2.8 in July of 1998, and decreased slightly to 2.6 in December of 1998. Finally, the majority of parents (82%) were very satisfied with what Head Start had done to help their children and families make the transition to school. Results also indicated that satisfaction with Head Start was stable over the six-month time period measured as the average response (3.8 out of a 4-point scale, with 4.0 representing very satisfied), and did not change from July of 1998 to December of 1998.

Exhibit 4-12
The Readiness of the Head Start Children to Enter Kindergarten[6]

	Percentages		
What percentage of parents felt their children were ready for Kindergarten:	Somewhat Ready	Very Ready	Average Response Mean (SD)
Physically	10	86	2.8 (.45)
Academically	24	69	2.7 (1.0)
Socially	7	89	2.9 (.43)

4.4 Summary

Findings from the core and rotated data in the monthly telephone interviews with case study families have contributed to a more complete picture of the amount of change in Head Start families, their resources in terms of family resources, social support, and psychological well-being, and their interactions with Head Start.

Findings indicated that Head Start families cope with change in many critical areas of their families' lives and deal with these changes multiple times, over time. Specifically, many Head Start families experienced changes in the areas of household composition, employment, income, health, and child care, and most families experienced two or more changes in these areas over the course of the study. Highlights of the findings include:

Household Composition

- Many but not most case study families experienced changes in their household composition across all three samples. Most of the changes in household composition happened once over the course of the study. Most of the changes in household composition involved immediate family members moving into the household.

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[6] An average response was used for parents who responded in both July and December ($n = 21$).

Employment

- Most case study families in the seven- and twelve-month samples experienced changes in their employment status, and most experienced changes in their employment status two or more times over the course of the study.

- Most families had gains in employment, although 50% or less of the gains involved full-time employment.

Income

- Many but not most families in the seven- and twelve-month samples experienced changes in their household income; however, most experienced changes in income two or more times over the course of the study. Most families in these samples experienced gains in household incomes.

Health

- Most case study families in the seven- and twelve-month samples experienced physical illnesses in their families and most experienced illnesses two or more times over the course of the study. About one third of the illnesses in these samples were serious enough to require hospitalization.

Child Care

- Many but not most of the families in the seven- and twelve-month samples experienced changes in child care arrangements; however, most experienced changes in child care arrangements two or more times over the course of the study. A majority of these families were dependent on child care for their children for more than 20 hours a week.

Findings from family resources, social support and the psychological well-being of Head Start families and parents indicated the critical strengths and needs of Head Start families.

Family Resources

- Most families felt their financial resources were able to meet the basic needs of their families, such as food, clothes, and paying monthly bills. Yet, they also reported their financial resources did not always meet less basic needs, such as giving their children all that they wanted, or buying things for themselves.

- In terms of quality of life resources, most families indicated they had strong intra-familial supports and resources, such as time with their children and family. However, most Head Start families also reported that they did not have enough personal or interpersonal supports and resources, such as time for themselves, their spouses, close friends, or time to rest.

Psychological Well-Being

- Most parents in Head Start families experienced some level of depression at least once during the course of the study.

Social Support

- Most families reported some need for each of the three types of social support: intimate, instrumental, informational. The proportion of families indicating a great need for support varied by type of support. Two percent of families reported a great need for informational support or advice about parenting; between 7-10% of families indicated a great need for instrumental support with child care and household tasks, while 19% of families had a great need for intimate social support.

- Most case study families had support available to them, if needed. However, the availability of support varied over time for all three types of support.

- A majority of families received social support, if needed. Most families had a least one person in their social support network for all three types of support. However, over 30% of families indicated that they had no one to give them instrumental social support or help with household tasks when needed.

- Case study families, across all three types of support, most often received support from extended family members. The only exception was with instrumental support or help with household tasks, where spouses or partners were slightly more likely to have given support than extended family members. Head Start staff played a small but substantial supportive role to families in terms of intimate and informational social support.

- Most families were very satisfied with the social support they received.

Findings examining families' interactions with Head Start indicated that most families were involved in Head Start activities and appreciated the help that Head Start had given them in preparing their children for school.

Transitions to Kindergarten

- Most case study families felt that their children were very ready for kindergarten - physically, socially and academically. A majority of the Head Start families indicated they were very satisfied with what Head Start had done to help their children and families make the transition to kindergarten.

Involvement in Head Start

- A majority of Head Start families were asked to participate in Head Start activities, were able to participate in these activities, and were very satisfied with the Head Start activities in which they had participated.

5.0 The Family Narratives

5.1 Overview

This chapter demonstrates the unique aspects of the qualitative approach, including its benefits and limitations. Family narratives, documenting the lives of six Head Start families over the course of a year, are presented to illustrate the value of understanding the context of Head Start families' lives. This approach reinforces a basic tenet within the social constructivist paradigm that reality is best understood by studying the ways that people perceive, experience, and make sense of their lives. This principle is the core of the family narratives paradigm and demonstrates the strength and value of qualitative research. The narratives reveal that data gathered through parent and teacher interviews, child assessments, and monthly telephone contacts, while extremely valuable, are often embedded inseparably in the specific contexts from which they were gathered. The family narratives provide a vehicle to enhance and interpret the findings from the larger study by focusing on rich details and stories within the multiple contexts of the Head Start families' lives.

The strength of the data and the findings in this chapter focus not on quantity, but quality and depth. This chapter provides examples of using family narratives to further the goals of the case study (and the larger FACES study) by presenting a more complete profile of Head Start families. It also demonstrates the value of the qualitative approach as a research endeavor: how it contributes uniquely to our understanding of Head Start families by using multiple sources of evidence and multiple methods of inquiry, and how it helps to develop a complete picture, including how families operate and what families do in relation to the extrinsic and contextual events of which they are a part.

The six family narratives presented in Section 5.6 include information from the FACES parent interviews, teacher ratings, child assessments[1], the semi-structured parent interviews completed during the case study home visit, and the monthly telephone interviews. Each narrative is divided into four sections that align with the major themes of the FACES case study: 1) the Head Start children, 2) the Head Start families, 3) family interactions with their local Head Start programs, and 4) family homes and neighborhoods. The methodology of this approach emphasizes developing each family narrative or case as the unit of analysis. Patterns of explanations (emergent themes) within each case serve as building blocks for the comparison of themes across cases. Themes drawn from the multiple cases can then reveal the emergent themes of the overall study.

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[1] See the Performance Measures Center Final Report for further information about child assessments.

The following sections will provide examples of identifying emergent themes within and across family narratives, even within as few as six cases. Examples demonstrate how emergent themes can confirm or illuminate findings from the main FACES study, as well as draw attention to new areas for inquiry. Emergent themes encompass three of the four domains: 1) the Head Start child, 2) the Head Start family, and 3) the Head Start families' interactions with the Head Start program.

5.2 The Head Start Child

Parents were asked, among other things, to describe their Head Start children and their own hopes and goals for them, as well as their reasons for enrolling their children in the Head Start program. Five themes emerged within and across the six family narratives regarding the Head Start child.

Children Have Positive Attitudes Toward Learning and Head Start

One emergent theme across the narratives was parents' reports that their children had positive attitudes toward learning and Head Start. For instance, in Family Narrative D, the mother said about her son, "*He loves Head Start. He thinks his teacher is wonderful.*" This mother reported that her son enjoyed learning and trying new things. His teacher also reported that the child did not lack confidence in learning new things or trying new activities and that he worked well in groups. He joined group activities without being told to do so, invited others to join in activities, followed rules when playing games with others, and helped put materials away after the activity was over.

Another example of a child's positive attitude toward Head Start is demonstrated in Family Narrative B. Beyond stating that her daughter "*loves it* [school]," this mother shared how her daughter had incorporated many of the lessons learned at school into her daily routine at home. "*She reminds me she has to wash her hands, brush her teeth. She knows the colors, numbers…. tries more and more to explain what has happened during the day.*" This theme also emerged in Family Narrative C -- "*She's happy. She loves it!-- likes the kids and toys and plenty to keep her busy.*" Given the importance of how preschool children approach learning and how their attitudes toward school may predict their future educational success, having a positive attitude toward learning and school is significant.

Parents Have Optimistic Expectations for Their Children and Value Education

Across the narratives, parents' hopes and goals for their children were fairly optimistic regarding their children's early school experiences, as well as future educational attainment. The narrative for Family F was fairly typical. This family expected that Head Start would help their child be more prepared for kindergarten and master developmentally appropriate tasks. The mother said, "*I hope he's prepared for kindergarten. I don't want him to get behind or to struggle in any way. I want him to be comfortable before he enters kindergarten. My goal is to make it as easy as possible for him.*" Regarding educational goals for him, in the short-term she wanted him to master educational tasks appropriate for his age -- "*to learn the basic fundamentals and learn to write his name.*" A long-term expectation for her son was that he would attend college. She wanted him "*to get an education and be the boss of all the people under him. To be happy in his life.*"

While resonating the same theme, the narrative for Family B reveals an underlying optimism to parents' future expectations for their children in the context of the family as a whole. Regarding her daughter's future, this mother wanted her to become an "*engineer*" and hoped that she "*gets a good job.*" But she clarified that "*the most important thing is her learning and increasing her abilities.*" She wanted to instill in her daughter "*the desire to be somebody…who does not have to struggle like we do.*"

Family Narrative A presents another mother who expressed a desire that her son learn the value of education early in life, stating "*I hope that he graduates, that he really learns while he's younger and it's* [school] *not just to go and play around with.*" This mother's long-term expectations for her child were also optimistic as she explained that she hoped that he would "*become something he really wants to become like a doctor or a lawyer and be really good at it.*"

Head Start Children are Making Good Progress.

In most of the family narratives, parents also reported that their children had made good progress on school readiness in language and math between the fall of 1997 and spring of 1998. Family A represents the typical narrative in terms of the children's progress. In the fall of 1997, the parent reported that the child could recognize most of the letters in the alphabet, identify the colors red, yellow, blue, and green, and count up to twenty. He could also hold his pencil properly and liked to write or pretend to write, including his first name; however, some letters were sometimes backwards. Later, during the spring parent interview in 1998, the parent not only observed that the child could now count up to fifty, but also could recognize thirty written numbers and count up to ten blocks. As early as the fall of 1997, the child would sit and look at a book with pictures, pretending to read to himself, but he did more than just describe each picture—he connected them in an integrated story. His mother reported that he enjoyed being read to for approximately twenty minutes at one time in the fall of 1997 and his attention span for reading increased to thirty minutes by the spring of 1998. Overall, this mother felt that her son had progressed and that Head Start had helped prepare him for kindergarten. "*...they teach them how to behave, how to eat, and how to play and to learn.*" Family Narrative B provides additional examples of the progress children made in Head Start. This mother talked about her daughter's gains. "*She knows the colors, numbers.*" In particular, she noted her daughter's improved language skills: "[She] *has learned a lot of English and speaks less Spanish.*"

Head Start Children May Experience Behavioral and Mental Health Problems

Another theme that emerged in the narratives was the frequency and degree of child behavior problems (and, in some cases, more serious mental health problems) reported by parents. This theme is present, in particular, in two of the family narratives. In Family Narrative F, the parent reported an evolving profile of increasing behavior problems and more serious mental health problems over the course of the school year. In the fall of 1997, the mother reported that her son was not disobedient at home, but that he sometimes acted too young for his age, had temper tantrums, and hit and fought with others. She had to discipline him two times, using time out, in the week prior to the fall visit. While she felt her son was sometimes unhappy, sad, or depressed and that he worried about things for a long time, she did not believe that he felt worthless or inferior. She described him as "*an emotional child. He can be laughing at one thing and turn around and get upset. His emotions surprise me for someone so young.*" She felt his behavior was affected by the recent divorce of his parents. "*He was having a hard time with that ... the other thing is his temper. He explodes. If he doesn't get what he wants, he pouts. He has little patience for wanting things done his way and if it doesn't happen his way, he gets angry. He has little patience with other people.*" By the spring of 1998, the child's emotional problems appeared to have escalated. He continued to exhibit immature and aggressive behavior and was now often disobedient at home. While in the fall, the mother had indicated that her son was sometimes unhappy, sad or depressed, she now felt that his unhappiness was occurring often and believed that he now often felt worthless or inferior.

Family Narrative E presents a child's profile with the parent's perspective of an emerging set of behavioral and mental health-related problems. In the fall of 1997, this mother reported that her son was not disobedient at home but had temper tantrums very often and sometimes hit and fought with others. She had to discipline him (using time out) four times in the week prior to the fall visit. Despite his temper tantrums and somewhat aggressive behavior, his mother did not believe that he was an unhappy child and reported that he never seemed to worry about things for a long time. By the spring of 1998, he still had temper tantrums and continued to sometimes hit or fight with others. But his behavior problems seemed to have escalated over the school year. His mother now reported that he was somewhat disobedient at home as well as somewhat unhappy. She still did not believe that he worried about things for very long or that he acted immaturely, but he was having difficulty concentrating and fidgeted a lot. His mother had to send him to time out seven times during the week prior to the spring visit. Interestingly, the child's older brother was also exhibiting social-emotional problems and was to begin seeing a psychiatrist to address emotional and behavioral problems at school. The mother said, "*I don't see it* [the problem], *the teacher sees it. He has trouble in class in terms of temper tantrums when he doesn't get his way and he cries a lot in school. Personally, I think it is because every other day he thinks it is not so bad to be at home.*" This difference of opinion illustrates the theme that is presented in the following section.

Contradictions Between Parent and Teacher Reports

The last two cases can also be used to highlight another theme that emerges from the family narratives regarding the Head Start children - the degree to which parent and teacher reports contradict one another. For instance, in Family Narrative E , both the parent and the teacher agreed about the child's behavior and mental health related issues; however, they disagreed on the child's overall approach and attitude toward learning. His mother said that her son enjoyed learning, trying new things, was imaginative, and made friends easily. However, his Head Start teacher offered a different perspective, reporting that he lacked confidence in learning new things or trying new activities, and did not work well in a group. She said he never joined group activities without being told to do so, never invited others to join in activities and often disrupted ongoing activities. He never followed rules when playing games with others, and only sometimes helped put materials away after the activity was over.

It is clear in Family Narrative F that the parent and teacher reports of the child's behavior and mental health related issues are at odds. The parent reported the presence of several behaviors that the teacher did not see as problematic. For example, the mother reported that while her son was not disobedient at home, he sometimes acted too young for his age, had temper tantrums, and hit and fought with others. She felt her son was sometimes unhappy, sad, or depressed, and that he worried about things for a long time, but she did not believe that he felt worthless or inferior. Interestingly, his teacher did not concur with this evaluation of the child's behavior. She did not feel that he acted immaturely and she indicated that he did not have temper tantrums or hit or fight with others. While she agreed that he did sometimes worry about things for too long, she saw no evidence that he was unhappy, sad or depressed, and reported that he was never restless, fidgety, or nervous in class. Although the parent and teacher did not agree about the child's behavior, they did agree that the child's approach and attitude toward learning was positive. Contradictions in parent and teacher reports are well documented in the extant literature. Given the inherent complexity of the phenomenon under study, contradictions are not unexpected. Exploration of these contradictions, within the specific contexts of the family and the classroom, using a qualitative approach, may contribute to further understanding of why the contradictions occur.

5.3 Head Start Family

Head Start families were asked, among other things, to describe their families' household composition and economic and employment status. They also talked about the strengths of their families, as well as their challenges.

5.3.1 Head Start Families are Diverse in Type and Experience Multiple Changes

One of the emergent themes among the Head Start family narratives involved the context of the families. The narratives represent a diverse range of family types, including dual-parent families, families with a parent who had been widowed, divorced, or separated, and blended families. While most of the families described in the narratives were relatively stable, they faced multiple changes and events across several areas of their lives, including changes in employment status, health, child care, household, and relationships with significant others. The family represented in Narrative A experienced multiple changes and events, particularly around health. Across the span of five months, various members of the family suffered from colds, ear infections, and the flu. One of the children contracted hepatitis, the mother-in-law was diagnosed with diabetes, and the father-in-law was treated for cancer. Narrative B provides examples of a family's struggles around child care. The Head Start child in this family had been cared for in six different arrangements prior to her enrollment in the program. One of the primary reasons for enrolling the child stemmed from her family's great need for child care: "*Sometimes the necessities of work make it very difficult to leave one's children for eight-to-nine hours at a babysitter.*" The mother expressed concern about her child's welfare: "*I have seen babysitters even treat children badly.*" There is a real sense when reading the narratives that dealing with these changes often preoccupied the time and energy of the parents. Within this family context or background, several themes emerged across the narratives that are discussed in the following sections.

5.3.2 Search for a Father Figure

A distinct theme found in several of the family narratives was a search for a father figure in the lives of the children. In Family D, a young, widowed, single mother expressed strong hopes for her fiancé to become her children's father: "*My boys are the most important thing to me and my fiancé loves* *them! I'd like my fiancé to be here full time. He loves the kids and wants to adopt both boys.*" Similarly, Family F consists of a divorced, single mother who relocated her family to be closer to their biological father and at the same time continued searching for a new father figure for her children. While this mother reported that a relative served as a father figure for her children in the fall, by the spring the father figure was no longer available to the family. After having moved from one state to another in July of 1997, they moved again eleven months later to be closer to family and the children's father. The single mother depicted in Narrative A also seemed to be searching to find a father figure for her children. Throughout the 18-month span of the narrative, she had significant involvement with two male partners as well as the biological father of the children. This mother was often eager to report that her male partners were involved with the children, including reading to the Head Start child, taking him along on errands, teaching him letters, words, and numbers, and playing with him indoors. While she did express some resentment toward her son's biological father, she still seemed to be happy that he was now spending time with the children. The children's biological father and his girlfriend "*offered to take them* [her son and daughter] *for a day, and they came back with all kinds of stories about what a good time they had and all kinds of presents from their dad and other relatives on his side of the family. They now want to trot him* [her son] *out like trophies on holidays*. [My son] *is glad to find out who his dad is. Maybe he'll take the kids again sometime – he tries to help out a little.*"

5.3.3 Families Maintain a Balance between School, Work, and Child Care

Across many of the family narratives there is a persistent effort to develop or maintain a practical and feasible balance between the often-competing demands of school or work and taking care of their children. For instance, Family E is a blended two-parent family with five children living at home. Both parents' jobs involved "shift work" that included periods of heavy overtime as well as strikes and layoffs. The family had experienced a number of changes in child care over the year and also was dealing with fairly long-term health and mental health issues with one of their younger children. This included hospitalization for Hepatitis A and visits to a psychiatrist for emotional and behavioral problems exhibited at school. The demands of balancing all of the needs of a rather large family were subtle but evident in many of the mother's comments throughout the narrative: "*I hope I don't get really stressed out with five kids. I'm doing really good but I have a feeling I'll get burnt out. Luckily they are pretty good… I need organizational skills. I think having a lot of kids you need to get organized - so you can keep the kids' appointments and things straight…I'd like to improve the fact that we work too much* (and need to) *spend more time together. I think we'll be able to do that when they are in school* (and) *maybe their dad will get another shift. I'd like to be a normal family.*" Interestingly, there is a sense that her idea of "a normal family" is one that is able to balance the demands of time between work and family.

5.3.4 The Families' Challenges and Resilience

Perhaps the most striking theme from the narratives was that each family seemed to face their own set of unique challenges and demonstrated resilience in the face of these challenges. For instance, the narrative of Family B describes a two-parent, two-child Head Start family that had recently immigrated to the United States from El Salvador. In many ways this narrative illustrates some of the challenges many Head Start families face. During the span of the narrative, the family faced deportation of the father back to El Salvador with the accompanying separation and feelings of helplessness and depression that the mother experienced. The family lived in a drug and gang-infested housing project and the mother did not feel comfortable allowing her children to play with other children in the neighborhood. "*This is not a place where a child can run and play – it is dirty, it's dangerous, and I think it's a bad place. The other day, they found a murder victim – five days old – in an apartment near where the children play. There's gang violence on one side of the complex and alcoholic and drug-abusing adults on the other. It's terrible; this is like a rat hole.*" The family was also facing challenges related to acculturation and trying to fit in, while at the same time feeling hampered by their poor English skills and their immigration status. The mother and her family were often afraid to complain to their landlord or local housing authority: "*The corrupt owners don't listen to me. They think because many of us are not legal, it's okay to treat us like rats.*" In addition, the mother seemed concerned about her daughter's behavior and negative peer interactions that she may be having with other children in the neighborhood and at Head Start: "*My daughter had a little friend in the neighborhood that hit her. I notice that she hits back. I don't like that.*"

However, even in the face of these challenges, this family's resilience and value system is also a predominant theme of the narrative. Perhaps the strongest example of this resilience is the mother's belief system: her family is "*poor but honorable*" and says that "*our surroundings make it hard to show her how to be good, but we try. I love my children and want to see them grow ... we are poor, but we try to keep her on the right path.*" She also finds it unacceptable to "*ask for handouts*" from government agencies. Instead, she relies on the help of her family, church, Head Start, and child care staff to help her raise her daughter in her husband's absence. While voicing concerns over her low wages, the mother focused on working to better her family, saying "*there is only one thing and that is work and work for them.*" The family would like to see Head Start have longer hours to accommodate the mother's working schedule, but was pleased with Head Start's sensitivity for her family's transportation needs and felt that Head Start supported her family's focus on the value of education for her daughter. In particular, the mother appreciated that Head Start gave her daughter a ride to school on cold days, stating, "*I don't want them to miss not one day.*"

Family A represents, perhaps more than any of the other families, a family facing incredible adversity and challenges. The mother was a young, 25-year-old, single-parent with two young children. She was unemployed and faced a number of serious health and mental health issues that prevented her from working or even looking for a job. Her personal relationships often involved partners who were dealing with alcohol and/or substance abuse problems and stormy periods in the relationships resulted in multiple changes in the household, including both location and composition. "*He has stopped drinking and only has a few in the evening instead of a whole case. He made me so mad one time I banged the telephone on the floor until it broke. I have to stop behaving that way –that was a bad thing to do.*" The family was often living in difficult home and neighborhood environments where "*no one would stay by choice.*" Ultimately, this mother faced challenges protecting her children from the family's circumstances that included the children having been witnesses to, as well as victims of, violent crime in their neighborhood and domestic violence. During the monthly telephone conversations, she relayed incidents of domestic violence. She talked about the couple who had recently moved into her home: "*His wife was due any minute – the woman, he treats like a dog. He says things like 'you shut up, or I'll slap you down. And, if you try to put me in jail, you'll lose your kid.*'" This mother also admitted when she decided to leave her partner that "*he beat me. He is no longer working.*" However, in the midst of this almost constant flux of challenges, there is also a strong strand of resilience in this family's story. The mother proudly affirmed the idea that although she had faced many challenges, including alcohol abuse, depression, and a suicide attempt, that "*I always take care of my babies.*" The mother finds a strong identity in the fact that she had raised her children and taken care of them herself and always did her best to keep them safe while in her care. Even when her problems became so severe that there was some discussion of commitment to the local hospital, this mother did not want to be hospitalized because she "*wants to be able to see the children and take care of them.*"

In addition, despite the challenges the family perpetually faced, the mother expressed high expectations and personal hopes and goals "*to try and get a degree in computers. I love computers, and I want to go to college and do that.*" She never stopped trying to help herself and her children. She and her mother were undergoing counseling to focus on improved communication because she no longer wanted to "*yell at her [mother] like a crazy woman,*" and she was motivated to join parenting and relationship classes. She even encouraged her 7-year-old daughter to participate in counseling for dealing with attention deficit disorder and difficulties with anger management.

5.4 The Family's Interactions with the Head Start Program

Head Start families were asked to talk about their interactions with Head Start, including their involvement with the program and the barriers that kept them from participating as much as they would have liked. They also discussed their satisfaction with the program and their perceptions of their children's experiences.

Families Valued Their Participation in the Head Start Program

The final emergent theme to be presented in this chapter is the families' desire to be involved in their children's Head Start education. Without exception, all of the families depicted in the six narratives said they valued their participation at Head Start and felt that it was very important for them to be involved. Despite various barriers such as conflicting work or school schedules, lack of child care for other children in their families, or personal hardships, efforts were made to fulfill the requirement of parent involvement.

The mother from Narrative C highly valued her involvement with Head Start, yet she often felt that child care and transportation posed a barrier to her participation. "*I have tried to be there, because I have two kids at the school, but don't go because of the baby. Don't like to take her out in rain or cold.*" Despite this, she reported having participated in seven Head Start activities ranging from volunteering with class events to attending meetings for the Policy Council. Specifically, she recalled a memorable event in which she assisted her daughter's class: "*We made sashes and caps for graduation – she is going to kindergarten next year.*"

This was also the case for the family depicted in Narrative D. Although the mother was unable to attend four of the six Head Start events to which she was invited "*because I work every day,*" she still felt that participation in Head Start was important: "*I always make a point of walking my son into class every morning and talking to the teacher.*" The entire family was able to attend her son's graduation from Head Start and was very pleased. "*They had a beautiful graduation. Each class performed songs and they called each child by name to graduate. It was great. The kids had a great time.*"

Narrative E also provides examples of a family's commitment to being involved in their child's education. This family was somewhat displeased with a few of the meetings they had previously attended, had time constraints due to a heavy work load, and many other children at home who needed attention. "*I work 8 hours a day, 6-7 days per week, have five kids and I'm not taking time away from them. I will probably never attend because I have too many kids.*" Despite this, the family reported that they participated in 8 out of 13 events to which they were invited, including field trips, classroom activities, and a family dance and taco lunch. The mother talked about her families' experience at "fun night:" "*It had a place for the kids to color bags where you could write names and color. All the kids could do that. They had a place where you could lay down and trace the kids' bodies. Also had games that all the kids at different ages could play.*" She and her family were very satisfied with these events.

Even the family depicted in Narrative A, who faced many personal hardships including serious health problems, alcohol abuse, depression, and a suicide attempt, highly valued participating in Head Start activities and remarked, "*It was very important to me. I like to do bulletin boards. I work with kids. It helps my son. I was President of the Policy Council.*" She felt that her involvement helped her to fulfill her goals for her son, as well as to enhance her role as a parent. She credited her involvement at Head Start with helping her to manage her emotional problems: "*Sometimes I get so angry – too angry with the kids.*" She felt that Head Start had enabled her "*to discipline, talk to 'em, how to listen. They've helped me out quite a bit.*"

5.5 Summary

This chapter briefly highlights examples of some of the emergent themes regarding Head Start children and families found both within and across the six family narratives. The themes illustrate the following:

- Parents held optimistic expectations for their children in terms of early and future educational aspirations, indicating that their children had positive attitudes toward learning and Head Start and were making good progress during the Head Start year. The narratives also illustrate increasingly troublesome profiles of some Head Start children's behavioral and mental health related problems as described by parents and teachers. In addition, the narratives highlight the issue of contradictions between parent and teacher reports.

- Emergent themes from the narratives highlight how diverse types of Head Start families' function on a day-by-day basis while faced with numerous changes and challenges. Within the scope of these challenges, Head Start families face adversity familiar to many low-income families, including searching for support and male role models and balancing work and child care responsibilities. These narratives also allow the reader to see the resilience and strength of these families in the face of their harsh, daily realities.

- Despite facing various barriers to participation, Head Start families had a strong desire to be involved in their children's Head Start education, and valued their involvement in the program. Each family made an effort to attend activities at their child's program.

Although the chapter only includes a small subset of the total number of families in the case study, it demonstrates the value of understanding families and their own stories in context as a way for framing and generating emergent themes or findings. It is also useful for identifying questions for future research that are grounded in the families' contexts. In some instances, the emergent themes from family narratives included in this chapter illuminated findings from the larger FACES study, while in other cases the narratives have generated unique perspectives to be considered. In addition, the chapter highlights the value of family narratives as a component in the larger multi-method approach to case studies, particularly case studies of families.

5.6 The Family Narratives

The six family narratives discussed in this chapter are presented in this section, consecutively from Narrative A to Narrative F. The families were purposively selected from the case study sample based on the completeness of their data over the study time period. Families were also selected to be representative and balanced across the regions of the country and whether they resided in urban or rural locations.

A Head Start Family: Narrative A

This narrative documents the family's life from October of 1997 to December of 1998. Data contributing to this report were obtained from semi-structured home interviews, structured parent interviews, teacher reports, child assessments, as well as monthly telephone contacts from November of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

David was a four-year-old White boy who lived with his mother, Wynette, and older sister, Bethany, in a small, southwestern town. David enrolled in Head Start during the fall of 1997 and attended class four days a week for five hours a day. He lived fifteen minutes away from the center and typically came to school each morning by bus. Wynette described him as a child that is "playful and weird," explaining that he "likes to act and dress up like a little girl." Both in the fall and spring parent interviews, she reported it was very true that David accepted his friends' ideas easily when sharing and playing and that he readily made friends. Yet, despite his congenial nature, Wynette elaborated, "He [also] loves to pick on people." "Sometimes he's [even] hateful to his sister; loveable when he wants to be." When asked about his favorite activities, she replied that he enjoyed "playing with cars and trains" and, although he tended to trip, stumble, and fall easily, engaging in physical play such as "wrestling."

According to Wynette, in the fall of 1997, David could recognize most of the letters in the alphabet, identify the colors red, yellow, blue, and green, and count up to twenty. He could also hold his pencil properly and liked to write or pretend to write, including his first name; however, some letters were sometimes backwards. Later, during the spring parent interview in 1998, Wynette not only observed that David could count up to fifty but also could recognize thirty written numbers and identify up to ten blocks. David had a good imagination, enjoyed learning, and liked to try new things, yet he was sometimes restless and made changes with difficulty. As early as the fall of 1997, David would sit and look at a book with pictures, pretending to read to himself, but he did more than just describe each picture—he connected them in an integrated story. In particular, while Wynette reported that he enjoyed being read to for approximately twenty minutes at one time in the fall of 1997, his attention span for reading increased to thirty minutes by the spring of 1998. There were a variety of reading materials in the home, including children's books, adult novels and non-fiction books, and other religious and reference items such as dictionaries and encyclopedias. Whereas Wynette, her live-in partner, Mark, and another non-household member all had time to read to David during the week prior to the fall parent interview in 1997, no one read to him during the week before the spring interview in 1998.

When asked about his behavior, Wynette depicted David as a high-strung, nervous child who often had temper tantrums and was sometimes disobedient at home. While Wynette only indicated spanking David twice during the week prior to the fall parent interview in 1997 and not at all during the same time period before the spring interview in 1998, the number of times that she used time out as a discipline technique increased from two to six times from the fall of 1997 to the spring of 1998. Interestingly, although Wynette and David's teacher agreed that, very often, he made friends easily and accepted peers' ideas in sharing and playing, his teacher contradicted the idea that he hit or fought with others, had temper tantrums, or ignored classroom directions or rules. In particular, teacher ratings from the spring of 1998 affirmed that David very often waited his turn during games or other activities and assisted in putting away classroom materials.

Despite his somewhat volatile nature and the fact that David was both a witness to and a victim of violent crime and domestic violence, Wynette reported that he would help and comfort others in both her fall and spring parent interviews. Overall, both Wynette and David's teacher believed that he was a happy child with a good self-esteem; he appeared to act his age and never seemed to worry for too long or feel worthless or inferior.

David had a regular health care provider. He received routine care paid for by Medicaid from a private doctor or HMO. Although Wynette described David's health as excellent, she also reported that he suffered from a chronic illness for at least six months and that he was sick with "a virus" in December and January of 1997. Telephone conversations in July of 1998 revealed that David was susceptible to seizures and, unfortunately, he was taken to the nearest emergency room where he received an injection of Benadryl to reduce serious inflammation. Afflicted by the threat of seizures several months thereafter, David continued taking medication until November of 1998 in order to prevent this condition. Additionally, a severe ear infection in September of 1998 nearly impaired his hearing. During her fall parent interview in 1997, Wynette further reported that, despite the fact that David would sometimes stammer and was not easily understand by strangers, he did not have a disability.

When asked about her hopes and goals for David during his first year in Head Start, Wynette illuminated that she hoped "that he does real good in school and passes to 'kiddygarden,' and he learns to write better his name." When specifically asked about her son's short- or long-term educational goals, Wynette expressed, "I hope that he graduates. That he really learns while he's younger and it's [school] not just to go and play around with." She would very much like David to "become something he really wants to become like a doctor or a lawyer and be really good at it."

Both before and after enrollment in Head Start, David and his siblings were never placed in child care. Prior to August of 1998, despite expressing a moderate need for help taking care of her children's daily needs, weekends with his biological father, who lived within an hour's ride, were the only form of child care support that Wynette experienced.

The Head Start Family

During the initial seven months documented in this narrative, the family experienced much instability due to Mark's alcoholism, and, as a result, Wynette, David, and Bethany moved three times. Early in September of 1997, Mark and Wynette separated, and the family moved in with Wynette's parents. However, just three months later, in December of 1997, Wynette, David, and Bethany moved back to live with Mark. Wynette described those circumstances that alleviated her anxiety about his drinking habits via a telephone interview in November of 1997. She explained, "There's a lot going on, but nothing new. Mark has stopped drinking and only has a few in the evening instead of a whole case." Shorter-lived than the last arrangement, they left Mark again in January of 1998 and moved back with Wynette's parents. She elaborated, "He made me so mad one time I banged the telephone on the floor until it broke." Wynette recognized her need to better manage her emotions, "I have to stop behaving that way—that was a very bad thing to do."

Household instability resurfaced in the spring of 1998, however, when her new partner and husband-to-be, Tom, entered into the picture, and Wynette and her family moved from Tom's parents' home to a one-bedroom apartment and, eventually, to a three-bedroom trailer of their own. In June of 1998, difficulties with her new in-laws, Ralph and Betty, precipitated her family's move into a one-bedroom apartment where they happily acquired two pot-bellied pigs, named Gordie and Babe, to add to their menagerie of dogs and cats. Later, in July of 1998, Wynette and Tom were fortunate enough to buy a trailer, situated on what appeared to be a sprawling five acres. During this telephone contact, the interviewer noted, "Wynette loves living in the country and having her own place. Her parents bought her a dishwasher over the weekend." It was at this time that Marcus and Audrey, an unrelated, married couple who knew Tom, also temporarily moved in with the family to help refurbish the property in exchange for rent. Wynette recounted incidents of verbal abuse and threats when Marcus berated his 16-year-old, pregnant wife in front of her family. During a telephone interview in July of 1998, she relayed, "His wife was due any minute—the woman, he treats like a dog. He says things like, 'You shut up, or I'll slap you down. And, if you try to put me in jail, you'll lose your kid.'" In constant flux, Wynette experienced more hardships when, in September of 1998, she planned to divorce Tom and to live with her parents for an indefinite period of time. Wynette said, "He beat me. He is no longer working." No more household changes were reported until November of 1998 when Wynette's sister moved out of her parent's home, leaving Wynette to care for her five nieces and nephews, ages 9-13, who remained in the house while their mother and father worked full-time. While her family experienced myriad household changes both in terms of geographics and composition, Wynette proudly affirmed the safety and security of her children while in her care. Having reinforced the idea that David never lived apart from her, she proudly stated, "I always take care of my babies."

A 25-year-old, high school graduate who was single and unemployed, Wynette reported that her poor health often prevented her from working and even from looking for a job. David's biological father did not have a high school diploma or a GED but was employed as a machine operator and an assembler. In January of 1997, he began to contribute to his son's financial well-being. Prior to the fall home interview in 1997, he rarely saw David. Wynette relayed one unexpected occasion when David's biological father and his girlfriend "offered to take them

[David and Bethany] for a day, and they came back with all kinds of stories about what a good time they had and all kinds of presents from their dad and other relatives on his side of the family." "They now want to trot him [David] out like trophies on holidays." Wynette continued in earnest, "David's glad to find out who his dad is," and "maybe he'll take the kids again sometime-- he tries to help out a little." Tom, Wynette's sometimes live-in partner in the spring of 1998, did not have a high-school diploma or a GED but was employed with two jobs, working regularly at a large, discount chain and part-time as a carpet cleaner. When living with the family, he contributed to the household income.

Early in the narrative when Wynette was living with Mark, she reported that her monthly household income ranged between $500-$1,000. It rose to $1,500 -$2,000 in the spring of 1998 when combined with Tom's fiscal support. Since David's birth, Wynette received food stamps, WIC, Medicaid, and income assistance. She also benefited from various social services provided by community agencies. These resources included counseling to better cope with family violence and legal aid in the fall of 1997 and mental health as well as alcohol/drug abuse treatment in both the fall of 1997 and the spring of 1998. Although she did not receive education assistance until the spring of 1998, early on during a telephone conversation in November of 1997, Wynette forecast that she would pursue her GED and, later, aspired to obtain a degree in computers. When asked whether Head Start had helped her to secure this assistance, Wynette explained that she already received support before David enrolled in Head Start. However, she reported that Head Start had directly provided help with medical and dental care for both the children and adults in her family during her fall and spring parent interviews. In December of 1997, Wynette attempted to appeal to the courts, seeking SSI benefits and hoping to reinstate David's Medicaid which, eventually, was restored during June of 1998. In January of 1997, she began babysitting in her parent's home, five to seven days per week, from 8:30 A.M. to 6:00 P.M., and earned approximately $50 each week in an effort to help support her family.

Fortunately, due to a lack of stringent work commitments, Wynette was able to devote a great deal of time to David and her other children. During the week prior to the fall parent interview in 1997, Wynette relayed that she taught David letters, words, and numbers, often when singing songs, playing counting games, or reading books together. While she also encouraged David to help with household chores, spoke with him about television programs, videos, and his Head Start day before both interviews, she brought him along during errands, read or told him a story, collaborated with him during an arts and crafts activity, and even joined him at a sporting event during the week prior to the spring parent interview in 1998. She further reported a visit to the mall and the opportunity for him to learn about his family history when reflecting on the previous month's activities with David. By contrast, trips to a playground or a park predominated when interviewed in the spring of 1998. Specifically, during her fall parent interview, Wynette reported that Mark also took David along on errands, helped to teach him letters, words, and numbers, and played with him indoors. Tom, her new partner by the spring of 1998, accompanied David to a community or other ethnic activity and brought him to a playground or a park during the month prior to the spring interview in 1998.

In a telephone interview in July of 1998, Wynette shared that, at best, her family could fulfill seven out of nineteen fundamental family needs. Later, in December of 1998, her need decreased slightly when she relayed that half, ten out of nineteen, of their basic needs were met. From a broad view, in July, while she frequently had enough food for three meals a day and enough money to buy basic necessities, she almost never could pay her monthly bills. By contrast, Wynette frequently had enough food for three meals and money to pay her monthly bills, but she could only sometimes purchase basic necessities, including food and clothing. Additionally, Wynette almost always felt that she had enough opportunities to spend quality time with her children and family during both time periods. Conversely, during both months, she rarely or never had the chance to afford family entertainment, purchase personal items, travel, or even socialize with friends or be alone. When asked about those family strengths that she admired the most, Wynette expressed, "Everybody helps one another in our family. We are all there to find out what we can do-- we back each other up. We just have a good, loving family." "We're very close, and that's it." Despite her positive thoughts and feelings, Wynette also characterized behaviors that the family could improve. "All of us fight-- once one starts a fight, everyone tries to get in." Contrary to her previous statements, she continued, "They don't stick up for the one who's trying to do right." In her home interview in the fall of 1997, Wynette reflected, "That's me, I'm the one trying to do right by moving back in with Mark. They say I'm stupid and crazy. They say it's too soon. As soon as we get back together, he'll start drinking again, but he hasn't, and we've been back together about a month now. We have a beer once in a while for a special occasion, like his brother's birthday."

Wynette had a regular health care provider in both the fall of 1997 and the spring of 1998. Various family members suffered from colds and the flu throughout December, January, and March of 1997 and, later, from recurring colds and ear infections during July and August of 1998. In February of 1997, David's sister, Bethany, contracted hepatitis and was sick for two weeks. Fortunately, even though the entire family had to have shots, no one else became ill. Sadly, Wynette reported how, in the fall of 1997, her mother-in-law, Betty, was diagnosed with diverculitis and, later, in December of 1998, was hospitalized with both this condition and diabetes. Additionally, her father-in-law, Ralph, was hospitalized due to major surgery for oral cancer in June of 1997. Wynette elaborated about Betty's condition, "She' O.K., now, when she takes her medicine. They're still trying to find out what kind of cancer she has." One uncle also passed away, and two others experienced open-heart surgery in November of 1998.

Ironically, Wynette reported her health status as very good in the fall of 1997, yet she had extensive dental problems and received assistance in February of 1997 in order to begin rehabilitation. Further complicating her life were chronic seizures and difficulties with her liver that resulted in multiple hospitalizations in June, August, October, and November of 1998. During telephone interviews in 1998, Wynette recalled, perhaps, the two gravest incidents. In

August of 1998, she recounted how her children called a neighbor who alerted the paramedics. The interviewer noted, "She's very proud of the children and feels they saved her life!" Wynette also experienced a grueling seizure that lasted forty-five minutes -much longer than usual—in October and had to be hospitalized for several hours. Later during December, her liver enzymes were "real high," and, during this interview, she noted, "[I] may have to go on dialysis."

Beginning in January of 1997, Wynette acknowledged that she had emotional problems and that she was suffering from depression. Having recognized that her drinking had become a problem, she began to attend AA meetings and started counseling with a private therapist in a neighboring town. A suicide attempt raised the issue of commitment to the local hospital. Wynette did not want to be hospitalized, and she adamantly expressed that she "wants to be able to see the children and take care of them." Because she continued to be severely depressed in February of 1997, she attended therapy once a week, hoping that "weekly counseling sessions and medication will help my situation and keep me out of the hospital." By March of 1997, Wynette reported feeling better, although she was still undergoing counseling. She explained that her therapist was very concerned about "what I'm writing in my diary" and is afraid "I'm gonna' hurt myself again" and, accordingly, planned to "talk to me everyday [during the] week." Fearing the worst outcome, Wynette remarked that her counselor might "have to put me in a hospital to keep me from hurtin' myself." In the fall of 1997, when Wynette and her partner, Mark, tried to be together again, she relayed how their continued difficulties undermined her efforts at rehabilitation. "He never lets me leave," and "I keep telling him that he has to go get his own help, and I have to go and get mine and then maybe we can get together, maybe."

Wynette continued her counseling sessions on an intermittent basis, her attendance and absence mirroring the diverse transitions in her life. For example, in June of 1998, around the time when Wynette, Tom, and the family moved away from struggles with their in-laws and to their own one-bedroom apartment, Wynette discontinued therapy on a weekly schedule, but she resumed her sessions in September when the couple planned a divorce. Ironically, while Wynette denied having emotional problems during her September telephone interview, she emphasized the fact that both she and her mother were undergoing counseling to focus on improved communication. In particular, Wynette noted that she no longer wanted to "yell at her [mother] like a crazy woman," and she felt more motivated to join parenting and relationship classes. Wynette remained very hopeful, affirming that she considered signing herself into "the hospital again," yet thought that she could "do this on my own." Later, in October, Wynette even encouraged her daughter, Bethany, to participate in counseling for dealing with attention deficit disorder and difficulties with anger management.

When asked about her need for social support, Wynette expressed a very great need for intimate support -- someone to confide in about personal and private matters. She mentioned that she was able to talk with her mother, sister, friend, therapist, and Head Start staff, yet she only reported being slightly satisfied with these resources. Interestingly, when specifically asked about her need for parenting advice, including information on how to better care for her children's daily needs, or for ways to better manage household tasks, Wynette confirmed that she had no need for support in these areas. In particular, during both her fall and spring parent interviews, she reported that David's grandparents and the Head Start staff had been valuable resources in terms of helping her to raise David over the previous six months. Both in June and November of 1998, a self-report indicated that, the majority of the time, she felt that everything she did was an effort, that her sleep was restless, and that her appetite was poor. Specifically, in the fall of 1997, she also reported that she could do anything that she set her mind to. She strongly disagreed that there was little that she could do to change important things in her life and believed that what happened to her depended on her. She even reported remaining hopeful and that she enjoyed life most or all of the time. However, at the time of the second interview, she had recently divorced Tom and her family moved back in with her parents. Here, unlike her previous report, she described feeling somewhat sad, fearful, and that her life had been a failure. Overall, despite the challenges that her family perpetually faced, Wynette had high personal hopes and ambitions, "To try and get a degree in computers. I love computers, and I want to go to college and do that."

The Family's Interactions with Head Start

Wynette had three years of prior experience with Head Start, because her daughter, Bethany, had also attended. Originally, she chose to enroll David, "because he wanted to go to school. He goes to Head Start and pre-K, and he seems to enjoy it." During her home interview in the spring of 1998, she further reflected, "David usually doesn't mind, but sometimes he'd rather stay home in bed." Wynette explained, "There was a kid causing problems in David's class—fighting-- but it is not so bad now." She envisioned that Head Start would give David a solid academic foundation as well as teach him about nutrition and physical fitness. Personally, Wynette hoped that Head Start would not only help her to receive assistance with her dental problems but also to obtain vocational or technical training to further her ambitions in computers.

During her parent interview in the spring of 1998, Wynette indicated that she had participated in 11 out of 16 Head Start activities at least once and as many as three times since David's enrollment. Wynette highly valued Head Start activities and remarked, "It [participation] was very important to me. I like to do bulletin boards. I work with kids-- it helps David. I was President of the Policy Council." These activities ranged from private parent-teacher conferences and classroom observations to more collaborative efforts including volunteering in the classroom and, at times, other Head Start events such as preparing newsletters and fundraising. Although she had attended certain Head Start events with her spouse, Tom, and other adults, she did not yet have the opportunity to experience a workshop or a Head Start social event.

Overall, Wynette reported very high satisfaction with Head Start, because involvement helped her to fulfill her goals for David as well as to enhance her role as a parent. Wynette reported being somewhat satisfied with how the program had prepared David for kindergarten in July and, later, during the December 1998 telephone interview, after David had been attending kindergarten for several months, Wynette said she was very satisfied that Head Start had helped prepare him for school. Specifically, during her December telephone contact, she described how Head Start staff had helped David to improve his motor skills and dexterity. Socially, "he did just fine with that" and, academically, he was learning a great deal but could still use more help with letters, numbers, and color recognition. Wynette emphasized how "They [Head Start] are meeting my goals for him very well, and I really like the teachers. They're doing as much as they can with the children. They teach them how to behave, how to eat, and how to play and to learn." Additionally, during her spring parent interview, Wynette noted that the teacher was always warm and affectionate towards and displayed interest in David.

When asked about the extent to which Head Start had helped her to achieve personal goals, Wynette had mixed feelings. As a parent, she hoped to teach David "to be more polite and mannerly. [And] how to respect women. Teach him to stay away from drugs and alcohol." In terms of her success at accomplishing this task, she continued, "Real good—if Ralph (father-in-law) or Tom (husband) are having a drink, David says he doesn't want any, because it's nasty. I don't think he'll ever have a drinking problem." In particular, during her spring home interview, Wynette commented on how Head Start facilitated her ability to be a caring and a strong role model by clarifying how the program equipped her with important disciplinary techniques and better ways to manage her emotions. "I love being a parent and think I'm a good one, but, sometimes, I want a break. Their Dad takes them on weekends and that helps." She felt that "an anger management class" would improve the situation a great deal, explaining, "Sometimes I get so angry—too angry—with the kids." Head Start enabled her "to discipline, talk to 'em, how to listen." "They've helped me out quite a bit."

In general, during her spring home interview, Wynette indicated that she felt supported and welcomed by David's teacher. She recalled how this open atmosphere often encouraged her to participate in Head Start activities. "They helped me with the Christmas party. We had a Santa Claus, and he gave presents to all the kids. Everyone had a great time. At Easter, I helped plan the party. We had an Easter egg hunt and candy and games. It was fun." Through time volunteering in the classroom, Wynette also helped David "to learn to tie his shoes and to count to thirty." Since David's enrollment in September of 1997, she even noted how Head Start helped "giving me a job riding the bus." Wynette monitored the bus two to three times a day, commenting that she "loved doing it! I know it's an important job." Most importantly, Wynette felt that Head Start had not only helped her to improve her physical health but also her professional well-being. She elaborated, "Head Start has helped me to get my teeth fixed. I feel better about myself." "They offered a computer class, too."

Unfortunately, at the same time, Wynette reported being sometimes dissatisfied with Head Start's respect for family culture and very dissatisfied with their openness to ideas in her spring parent interview. She reported, "The way the center director and others were rude to me—they gave me funny looks and talked about me behind my back." Further serving as barriers to her participation and complicating her situation were chronic family illness and her own ongoing struggle with depression, drinking, and troubled relationships. For example, during January of 1998, although Head Start continued to invite Wynette to many activities, she was not able to attend because of her breakup with Mark and myriad problems with moving, her mother's illness, and her own alcohol addiction and emotional instability. While she resumed a more regular participation schedule in February, serving as president of a parent group, her contact with Head Start remained limited due to Bethany's bout with hepatitis.

During this time, increased exposure to parent and teacher interactions led to Wynette's disillusionment with "conditions at the Head Start center. There are not enough teachers, and the children are running wild." Wynette attempted to contact both the executive director of the agency and the Head Start director numerous times in order to address her complaints but was unsuccessful. Later, in March, the parents held a meeting to jointly express their concern, yet she remained very dissatisfied with the outcome. Wynette recounted, "the Head Start staff won't follow the suggestions of the parents." Persistent disappointment with the situation led to her decreased participation in bus duties and, in general, she chose to spend less time at the Head Start center. "I don't like the way they treat me. They're rude. Ever since Claudia [a teacher] left they're even more rude." Wynette also described how David "is refusing to go to Head Start, because the kids pick on him so bad." Wynette suggested that in order to improve, Head Start not only incite cooperative participation and greater parent involvement in both the fall of 1997 and the spring of 1998 but also provide "equal treatment for all" in the spring of 1998. When David matriculated to kindergarten, she emphasized via a telephone contact in July of 1998, "[He's] in kindergarten now, and Head Start doesn't *want* to have anything to do with me." In September, still somewhat dismayed with the transition, Wynette continued, "David is in all day kindergarten—which he loves, but he and his teachers don't get along. She doesn't give him enough to do. He plays teacher with some kids, while she does other things, and she don't like it."

The Family's Home and Neighborhood

At the time of the October 1997 home interview, Wynette and David lived in an upper level, second floor apartment in an extraordinarily run-down, fourplex building. Replete with broken, boarded up windows and peeling paint, the complex had no front door on the street level, and, abut to a deteriorating, industrial park and railroad tracks, fumes from nearby oil and chemical refineries imbued the area. Equally unpleasant, the interior of Wynette's home reeked from the odor of "dirty dishes with scraps of food…scattered [about] the apartment." The interviewer elaborated, "The apartment…is filthy… and in need of vacuuming and sweeping." "Clothes are scattered everywhere --on the floor, chairs, tables-- just everywhere. Wynette and the children are recovering from the flu and, perhaps, that is part of the reason things are so very messy."

Covering a radius somewhere between six to ten blocks, the neighborhood consisted of four similar buildings on three congested streets. With the exception of a few, well maintained homes, most surrounding houses seemed unkempt and overcrowded. "Materials are hanging, mostly lopsided, in the windows." Various types of litter, including abandoned vehicles, trash, and broken children's toys, infiltrated streets, sidewalks, and even private yards. While some trees and grass grew nearby in sparse patches, only a few lingering birds and dogs barking from inside apartments added vitality to this community and obscured the interviewer's notion that it resembled an "urban blight on a smaller scale." "This is not a pretty neighborhood, and it does not feel safe." "It appears that no one who lives here takes pride in the area."

Wynette affirmed that her family did not live in a stable neighborhood and that "no one would stay here by choice." There were few signs of neighborhood activities and identity, yet community resources such as two convenient stores, a grocery, a drug store, four churches, a private daycare center, and an elementary school were all within six to ten blocks. Although Wynette observed that her family lived across the street from a vacant field, there was no safe playground nearby for children to play in. Most neighboring businesses were boarded up and closed down.

Ironically, despite its deceptive appearance, Wynette characterized her neighborhood in spring 1998 as "quiet, not much trouble—don't have the cops come down much." Except for some individuals who "believe in gangs" and who "don't know how to get along with anybody," she emphasized how she lived in a relatively cooperative, law conscious community. "It's a safe environment in some ways—no guns or violence. It's better than where I was living before. Everybody helps everybody out." When asked about which aspect of her neighborhood that she liked the most, she commented, "how quiet it is. How friendly people are. The law goes by often—just checking. People look after other people's kids and keep parents informed." Unfortunately, David had both been a witness to and a victim of domestic violence in her home in the fall of 1997. David also had to experience his own mother being arrested. During her fall home interview, Wynette noted a contributing factor; she and her "boyfriend, Mark, are drinking again." Though circumstances improved by the spring of 1998, the notion that Wynette not only reported having seen but also knew someone who was a victim of violent crime in her neighborhood in the fall of 1997 compounded this harsh reality.

A Head Start Family: Narrative B

This narrative documents the family's life from October of 1997 through December of 1998. Data contributing to this report were obtained from semi-structured home interviews, structured parent interviews, teacher reports and child assessments, as well as monthly telephone contacts from November of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

Gabriela was a 3-year-old Latina girl who lived with her mother, Celia, father, Alejandro, and older brother, Eric, in a large, southwestern city. Gabriela enrolled in Head Start in the fall of 1997 and typically attended class five days a week for eight hours a day. She lived eight minutes from the center and walked to school each morning. Gabriela's mother, Celia, portrayed her as a child who was "like a good girl, a little difficult, but a calm girl to other children" and stated that she "sometimes acts mean but rarely." When asked about her favorite activities, Celia said that Gabriela liked "television, playing with her bike and painting and drawing" as well as "playing with the kids." Celia noted that, in general, Gabriela made friends easily and willingly shared with and accepted her friend's ideas when playing. However, it was sometimes true that Gabriela hits and fights with other children. Celia reported that "Gabriela had a little friend in the neighborhood that hit her. I notice that she hits back. I don't like that."

According to Celia, in the fall of 1997, Gabriela could button her own clothes, count up to ten, hold her pencil properly, and liked to write or pretend to write. She could not yet point out any of the letters of the alphabet or identify the colors red, yellow, blue and green. However, she observed that by the spring of 1998 Gabriela could accomplish all these tasks as well as recognize and write her first name, identify at least five written numbers, and count up to five blocks. Gabriela had a good imagination, enjoyed learning and liked to try new things, although she experienced some difficulty concentrating or paying attention for very long. As early as the fall of 1997, Celia noted that Gabriela would sit and look at a book with pictures, pretending to read to herself, but she did more than just describe each picture -- she connected them in an integrated story. By the spring of 1998, her attention span for reading increased, and she enjoyed being read to for approximately fifteen minutes rather than five minutes at one time. There were reading materials in the home, including children's books, religious books, and newspapers. While Celia reported that no one had read to Gabriela within the week prior to the fall home interview, she said that a number of household members had read to her two times during the week before the spring home interview.

When asked about her behavior, Celia remarked that Gabriela sometimes was disobedient at home and very often would have temper tantrums. Both in the fall of 1997 and spring of 1998, Celia indicated having to spank Gabriela and send her to time-out one to two times a week. However, Celia recognized an improvement in her daughter's ability to get along well with and to act her own age around other children in the spring of 1998. Her teacher also noted her more congenial and cooperative nature, reporting that Gabriela joined in group activities on her own and encouraged others to participate as well as accepted her peers' ideas in playing and sharing and complimented them. She felt that Gabriela appeared to receive social support from a friend and showed loyalty to the friend. While Gabriela took turns and followed classroom directions very often, she occasionally would break rules when playing games with others and could usually solve problems with other children independently. Overall, Celia described Gabriela as a happy child with a good self-esteem who never seemed to worry for too long.

Gabriela did not have a regular health care provider. She received her routine health care, paid by health insurance, from a private doctor or an HMO. Celia described Gabriela's health as excellent. Ironically, she indicated that Gabriela suffered from a chronic illness (unspecified) in the fall of 1997, yet continued telephone conversations only document that she had a bout of the flu in August and experienced a common cold in October of 1998.

When asked about her hopes and goals for Gabriela during the fall of 1997, Celia relayed that she hoped "that they [Head Start] say something good about her, that they have no problems with her." "I don't want her [Gabriela] to tell me that she spent all day watching movies or was out on the street." When specifically asked about short or long-term educational goals, Celia said, "Head Start teaches [them] to do good things. I see the difference in her drawings and how she interacts with children." Regarding her future, Celia would like Gabriela to become an "engineer" and hopes that she "gets a good job." Of greatest value, she felt, "The most important thing is her learning and increasing her abilities. And, to instill the desire to be somebody… who does not have to struggle like we do."

The Head Start Family

This is a two-parent family that immigrated from El Salvador to the United States in search of a better life. Prior to the initial visit with the family, Gabriela's father, Alejandro, was deported, leaving Celia, Gabriela, and her 9-year-old brother, Eric, with very few resources. The family began sharing housing after Alejandro was deported, because they could no longer afford to live on their own. When first contact with the family occurred, the household consisted of Gabriela, her 36-year-old mother, Celia, Eric, and another 30-year-old female relative. Spanish was the language spoken in the home.

Celia did not have a high school diploma or a GED but received a job-related certificate and worked full-time as a machine operator. While Celia reported her monthly household income to be $850 in the fall of 1997, it rose to approximately $1,000 in the spring of 1998. This increase in income combined with the fact that her husband, Alejandro, returned to live with the family and worked full-time may have contributed to the family's living in their own housing. Since Gabriela's birth, Celia has needed help with transportation, childcare, and food and has received help from a variety of community agencies. When asked whether Head Start had helped her to secure this assistance, Celia explained that she was already receiving the aid before Gabriela began Head Start and, therefore, did not need help from the program. During her husband's absence, Celia received WIC to purchase milk for her children. However, Celia emphasized that she felt it was unacceptable to "ask for handouts," and, by the time of the first interview, she was no longer receiving any public assistance. After having been deported from the United States, Alejandro returned in January of 1998 with a vehement distrust of the government and the "North American system." He explained that the only reason the family was still in the U.S. was because circumstances were much worse in their homeland of El Salvador.

Celia worked full-time and, consequently, Gabriela often spent a good portion of her day either in Head Start or under the supervision of a neighbor who was a helpful but unlicensed caregiver. However, Celia still reported spending time with her child on a consistent basis in both the fall and spring parent interviews. During the week prior to the spring home interview, Celia told or read Gabriela a story and jointly worked on arts and crafts. She also took Gabriela with her while running errands, had her help with household chores, and made time to speak with her about her Head Start day. Another household member also taught Gabriela letters, words, or numbers and played games with her indoors. With her father's return to the United States, Celia reported that he would sometimes bring Gabriela to the mall once a month. In the fall of 1997, Celia remarked she and Gabriela also ventured to a mall, visited a playground, and attended a sporting event at least once a month. Similarly, with the exception of a sports outing, they experienced these same events the month prior to the spring 1998 interview.

In telephone interviews in July and, later, December of 1998, Celia revealed that, at best, her family was able to meet four out of nineteen fundamental needs. From a broad view, having enough money to purchase basic necessities enabled her to sometimes pay her monthly bills and provide her family with three meals a day. Other resources sometimes met included having enough space in her apartment. She described that that she would like "to change and improve our way of living, to earn more [and get] better quality things for one's family." Specifically, Celia discussed the difficulty of earning a low wage and expressed her hopes for the future. "If you go out with the little money that you earn, you have desires to buy what they [the children] wish." "We are in this country ... it is not much that they are paying us." "[I want] to change our way of living." Yet, despite her hardships, Celia stated, "We are a poor but honorable family" when asked about what family quality she truly admired.

Celia described her physical health as fair and had a regular health care provider. Sadly, monthly telephone interviews indicated that her husband, Alejandro, suffered a dangerous head injury in July of 1998. Alejandro was struck on the head by a marijuana addict in their apartment complex, and this traumatic situation precipitated a great deal of physical and psychological distress. He not only spent two days in a hospital but also was forced to take work leave for two weeks. Deleterious effects, especially emotional ones, lingered for two months. In September, the interviewer detailed, "Celia was very worried that they wouldn't have enough that month to pay the rent or bills. Thankfully, everything worked out—Her husband was okay, and they still had a place to live."

When asked about her need for social support, Celia expressed a moderate need for intimate social support – someone to confide in about personal and private matters. She mentioned that she was able to talk to her sister and that she was very satisfied with these experiences during the month of January 1998. When interviewed after Alejandro had been deported, Celia admitted that she was lonely and sad most or all of the time, occasionally felt depressed, and that everything she did seemed like an effort. She felt helpless – that there was no way to solve her problems, she was being pushed around, and she had little control over life events. Although she agreed that what happened to her depended on her, she felt that there was very little she could do in order to improve those circumstances that were most important to her. By contrast, after Alejandro' return in January of 1998, a self-report in June later revealed that, while she often felt that life required a big effort to accomplish tasks and that it was difficult to proceed with daily routines, Celia rarely felt sad, afraid, or alone. She further demonstrated her receptivity to others' social support when answering that she rarely felt that she could not shake her sadness and that she only seldom felt poorly treated by others. In retrospect, she emphasized how Alejandro, her parents, Gabriela's child care provider, the church, and Head Start staff, were all very supportive and helpful resources in terms of raising Gabriela over the previous six months. Celia's personal hopes and goals are sound and realistic: "To just work and be able to take care of them [children]. "There is no initiative to say we will continue to study. I cannot. There is only one thing and that is work and work for them."

The Family's Interactions with Head Start

Celia had prior experience with Head Start because her son, Eric, had also attended. Celia's primary reason for enrolling Gabriela in Head Start stemmed from her great need for child care. She explained, "Sometimes the necessities of work make it very difficult to leave one's children for eight-to-nine hours at a babysitter." She expressed concern about her child's welfare. "I have seen babysitters even treat the children badly." Gabriela initially entered childcare when she was a one-year-old and has been cared for in six different arrangements before her enrollment in Head Start. Of these various arrangements, care was most frequently provided in a neighbor's home. After beginning Head Start, Gabriela continued to receive child care at a neighbor's home, both before and after the Head Start day, for approximately 25 hours per week. Although Celia had expressed a need for financial assistance to afford Gabriela's child care, she paid for it on her own . When asked how Gabriela perceived these care experiences, Celia expressed mixed feelings. While she positively noted that the child care provider always seemed open to new information and often gave Gabriela a great deal of individual attention and warmth, she also felt there were times when Gabriela did not appear to feel safe or secure.

Overall, Celia envisioned that Head Start would give Gabriela a solid academic foundation as well as improve her social interactions with children and adults. She also hoped that Head Start would improve Gabriela's manners, reinforcing good habits, while helping her to learn how to behave better. During a home interview in April of 1998, when asked about Gabriela's impression of Head Start, Celia replied positively, "[She] loves it! She has less tantrums with her friends than before. She's also reminding me she has to wash her hands, teeth. She knows the colors, numbers. Gabriela tries more and more to explain what has happened during the day." In particular, she noted Gabriela's improved language skills, "Gabriela has learned a lot of English and speaks less Spanish." Accordingly, Celia hoped that Head Start not only would be able to help her with child care but also to enhance her understanding of child development. During her spring parent interview, Celia relayed that she had participated in 9 out of 15 Head Start activities at least once and as many as three times since Gabriela's enrollment. These activities ranged from private parent-teacher conferences and workshops to more collaborative efforts including volunteering in the classroom and, at times, in other Head Start events such as fundraising and preparing newsletters. By contrast, she did not yet have the opportunity to call another Head Start parent or attend a Head Start event, such as a field trip or a social occasion, either with her husband, Alejandro, or another adult, primarily due to work commitments.

Overall, Celia reported high satisfaction with Head Start, because involvement both helped her to fulfill her goals for Gabriela and to improve her role as a parent. She commented that she wished to teach her child "good things, to be an educated woman that is honorable and studious" and that Head Start had facilitated her capacity "to teach [Gabriela] so she learns. I have noticed much change—in her attitude and her abilities." Feeling that Head Start had more than adequately prepared Gabriela physically, scholastically, and socially for kindergarten, Celia reported being extremely satisfied during her telephone conversations in July and, later, in September of 1998. At the same time, she again expressed a continued feeling of "being ashamed to ask for help [because she was not] used to having programs available for families and so she didn't feel comfortable asking." Overwhelmingly, Celia perceived that Head Start services for Gabriela and her family helped them to grow, were safe, and fostered community involvement. Additionally, she always felt that the teachers were open to new information and expressed enthusiasm and warmth towards Gabriela. When asked about the extent to which she felt she could achieve her goals as a parent, she responded with great candor, "I don't know what you mean, I am doing the best I can with what resources we have. Our surroundings make it hard to show her how to be good. But we try." Celia elaborated, "I love my children and want to see them grow…We are poor, but we try to keep her on the right path." Despite Gabriela's and her family's positive experiences with Head Start, Celia did not meet her own goals. "I wanted good health and my job. I still have both things. Head Start didn't help. I'm pretty sad still. I am not in my country. But our outlook there isn't any better."

When asked if there was anything that she would like to see improved or changed in Head Start, Celia expressed that the program should either have longer hours or provide extended day care. Unfortunately, she had to leave work early in order to take Gabriela to another child care arrangement, since extended day care at Head Start was recently discontinued. Despite her displeasure with the limited hours, Celia mentioned being particularly pleased that Head Start was often sensitive to her transportation needs. "On cold days they give my daughter a ride to Head Start." Transportation to Head Start was a persistent problem for this family, and Celia explained the difficulty of getting Gabriela to school. "For me, it's hard to find a person that will help me. In the time of cold and snow, I don't want for them to miss not one day. It's also hard for me to miss a lot of work. [Having transportation] could help a lot of mothers out." Unfortunately, difficulties with transportation and a lack of child care became such barriers to participation that Celia eventually enrolled Gabriela in a pre-kindergarten program for fours hours a day, five days a week at her brother Eric's school. Although Celia, at first, seemed unhappy about enrolling Gabriela in an elementary school program, she seemed more comfortable with the change by August of 1998.

The Family's Home and Neighborhood

At the time of the October home interview, the FACES home visit interviewer described the family's neighborhood as a residential, suburban setting comprised of mostly low-income, blue-collar African-American and Latino families. While the neighborhood consisted of two apartment complexes surrounded by single-family homes, Celia and Alejandro lived in an apartment building that was rather old and moderately populated. The complexes had gravel parking lots with little plants or shrubbery, and the yards were equally bare. All of the buildings and surrounding grounds were in great need of repair. An abandoned swimming pool and the absence of an outdoor playground not only made the desolate atmosphere uninviting but also unsafe for children to play in as dark passage ways, broken cement stairs, and rusted railings riddled the complex. The interviewer captured, at times, the intensity of Celia's struggle via telephone interviews in July of 1998, "Unfortunately, the…complex is not well maintained and the management is lax." "The situation was no better with the heat wave." The property management refused to fix their air conditioner or refrigerator for a long time. Celia said she felt terrible not being [able] to provide her children any form of relief from the heat. Despite these times of crisis, Celia and her family were often afraid to complain to their landlord or local housing authority because of their immigration status and poor English skills. She elaborated, "The corrupt owners don't listen to us. They think, because many of us are not legal, it's okay to treat us like rats."

Celia observed that the neighborhood was constantly in transition, since residents were always moving in and out. A parking lot between the apartment complexes and surrounding houses acted a small "buffer zone," heightening a sense of isolation as the buildings almost appeared to be two distinct neighborhoods. There were no signs of neighborhood activities or identity, and all community resources such as churches, schools, recreation centers, and public transportation were at least a half a mile away. From their apartments, people socialized on their balconies yet were always vigilant of their children playing near isolated houses below. No one really knew each other, and, fearing for their safety, Celia did not allow her kids to play with other children. Living near a drug and gang-infested housing project, loitering was often observed. Celia commented, "I'm suspicious of people, because I don't know anyone but so far nothing has happened....This is not a place where a child can run and play—It's dirty, it's dangerous, and I think it's a bad place." Unlike the fall parent interview, Celia reported that, in the spring of 1998, while she and her family had never been a victim of violent crime, her family had been exposed to violent crime and Gabriela to domestic violence. In April of 1998, Celia revealed, "The other day, they [officers] found a murder victim --five days old—in an apartment near where the children play. There's gang violence on one side of the complex and alcoholic/drug abuse adults on the other. It's terrible, this is like a rat hole."

A Head Start Family: Narrative C

This narrative documents the family's life from October of 1997 to December of 1998. Data contributing to this report were obtained from semi-structured home interviews, structured parent interviews, teacher reports, child observations, as well as monthly telephone contacts from December of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

Felicia was a three-year-old African American girl who lived with her 34-year-old, single mother, Kathy, sisters, LaShawn, Cheyenne, and Sharice, and her brother, RaShad , in a large, west-coast city. Felicia enrolled in Head Start in the fall of 1996 and attended class five days a week for four hours a day. She lived five minutes away from the Head Start center and traveled each day by bus. Felicia's mother, Kathy, described her as a "nice, friendly kid" who was "stubborn, at times." When asked about her favorite activities, Kathy commented that Felicia liked "to act silly." She noted that Felicia was an imaginative child who liked to try new things and enjoyed learning. She made friends easily and willingly accepted her friends' ideas when playing.

According to Kathy, in the fall of 1997, Felicia could button her own clothes, identify the colors red, yellow, blue and green, count up to ten, and recognize some of the letters in the alphabet, including her own name in print. She held her pencil properly and liked to write or pretend to write, especially her first name. By the spring of 1998, although she still experienced difficulty writing her first name, Felicia could identify at least four written numbers and count up to sixteen blocks. Her attention span for reading remained steady from the fall of 1997 to the spring of 1998; she did not have a hard time concentrating and enjoyed being read to for approximately 10 minutes at one time. She would sit and look at a book with pictures and, while pretending to read to herself, she would do much more than just describe each picture-- she connected them into an integrated story. There were many reading materials in the home, including children's books and novels, magazines for children and catalogs for adults, newspapers, and other reference items such as religious books, dictionaries, and encyclopedias. While Kathy and another household member had read to Felicia everyday during the week prior to the fall parent interview in 1997, both individuals also read to her three or more times a week before her spring interview in 1998.

When asked about her child's behavior, Kathy's description improved from the fall of 1997 to the spring of 1998. Initially, she reported that Felicia sometimes was disobedient at home and very often would have temper tantrums . However, during her second parent interview, she noted that her daughter rarely misbehaved at home and only sometimes would experience temper tantrums. Interestingly, in the spring of 1998, although Kathy commented that Felicia sometimes would not get along with other children and would even hit or fight with them, she would very often comfort or help her peers. Similarly, teacher ratings in the spring of 1998 confirmed that she followed classroom directions and rules very often as well as rarely disrupted ongoing activities. Socially, Felicia seemed not only to join in and encourage others to participate in group games but also would very often take turns and, sometimes, even compliment her friends. However, her teacher additionally felt that Felicia often acted withdrawn and lacked confidence in experimenting with new activities. Both in the fall of 1997 and the spring of 1998, Kathy reported that Felicia very often needed reassurance that she was behaving well. Yet, both Kathy and her Head Start teacher portrayed Felicia as a happy child with good self-esteem; during both time periods, she typically acted her own age, rarely seemed to worry for too long, and seldom felt inferior.

In both parent interviews, Kathy reported that the family had household rules about the kind of food her daughter ate, when she went to bed, and which chores she was responsible for completing. Although Kathy did not restrict the amount of television that Felicia watched, she monitored the type of television programs seen. Kathy relayed that she had to spank Felicia once as well as send her to time-out twice during the week prior to the fall and spring parent interviews. In the spring of 1998, she noted that she had not learned any new disciplinary techniques from Head Start.

Prior to her enrollment in Head Start, Felicia never experienced child care, either center-based or with an unlicensed caregiver, and, during the program, she was not in child care before or after the Head Start day. She demonstrated excellent health and a had a regular health care provider both in the fall of 1997 and the spring of 1998. All of her routine care was paid for by Medicaid at an outpatient clinic in a local hospital. Fortunately, a telephone contact revealed that Felicia only suffered from a common cold and a bout of the flu in December of 1997.

While Kathy did not address any specific hopes and goals for Felicia during her first year at Head Start nor project any short- or long-term educational aspirations, she stated that she hoped "for her to be successful and live a happy life." She wanted to "leave her life up to her."

The Head Start Family

This single-parent family consisted of Kathy, and her five children, including Felicia, her sisters, LaShawn, Cheyenne, and Sharice, and her brother, RaShad. English was the language spoken in the household.

Kathy had her high school diploma as well as having attended some college and a vocational school in an effort to obtain a job-related certificate. At the time of her fall parent interview in 1997, Kathy had been unemployed for the past twelve months and Felicia's biological father, who lived within an hour's ride, sometimes contributed to the their financial well-being by providing child support. By the spring of 1998, Kathy was collecting unemployment insurance while searching for a job. However, she also received education assistance, and Felicia's father continued to supplement family funds. Felicia's father had a high school diploma and worked as a machine operator in both the fall of 1997 and the spring of 1998. Kathy reported that her monthly household income ranged somewhere between $1,000 and $1,500 in the fall of 1997 and from $500 to $999 in the spring of 1998. Fortunately, despite her large family and loss of some public assistance benefits, Kathy and Felicia never experienced homelessness nor lived in public or subsidized housing; they lived in a privately rented apartment during both the fall and spring parent interviews. Since Felicia's birth, the family had received welfare and income assistance, WIC, Medicaid, food stamps, and help from a variety of community agencies. When asked about the extent to which Head Start had helped her family to procure these community services, Kathy explained that they were already receiving income, nutrition, and medical/dental assistance prior to Felicia's enrollment at Head Start.

Despite her busy schedule, Kathy was very involved with Felicia. She explained that she taught her daughter letters, words, and numbers, often singing songs, playing games, or reading books together during the week prior to the fall parent interview in 1997. Additionally, she also encouraged Felicia to help with household chores, spoke with her about television programs, videos, and her Head Start day, read or told her a story, collaborated with her during an arts and crafts activity, and even joined her playing a sport. Kathy continued to participate in a majority of these activities during the week prior to the spring interview in 1998. Although she did not discuss specific television programs or her Head Start day with her daughter, she taught Felicia more educational counting games. Monthly activities ranged from a trip to the local mall, playground, and park in both the fall of 1997 and the spring of 1998. While Kathy also accompanied Felicia to a sporting event in the fall of 1997, she brought her daughter to a community event, ethnic or religious in nature, in the spring of 1998.

Despite the fact that her father was unable to participate in these activities, another household member had also read Felicia a story, taught her letters, words, or numbers, often when singing songs, helped her with chores, and played both indoor and outdoor games or sports with her during the week prior to the fall and spring parent interviews. Additionally, a family member (unspecified) other than her mother also accompanied Felicia to a local playground and a sporting event during the month prior to the fall parent interview as well as to a movie, concert or a play, and a community event before the spring parent interview. Specifically, in the fall of 1997, Kathy reported that Felicia's biological father visited her several times throughout the year but only rarely in the spring of 1998. An unidentified, non-household relative who routinely spent time with Felicia acted as both a constant father figure and a role model during both time periods.

In a telephone interview in August of 1998, Kathy revealed that, at best, her family could fulfill twelve out of nineteen fundamental needs. Later, in December of 1998, her need decreased slightly when she reported that fifteen of their basic needs were met. From a broad view, she frequently had enough food for three meals a day, money to pay her monthly bills, and ample resources including clothes, and toys for her children to play with, as well as time to spend with them during both summer and winter months. Kathy reported having a noticeably enhanced financial situation by December of 1998, because she had more funds to spend on basic necessities, furniture for her apartment, family entertainment, travel, personal items, and could even save some money. Perhaps, this positive change reflected Kathy's improved employment status when she accepted a part-time cashier position in June of 1998. She emphasized, "I really worked at getting it, and I feel good about that." Although she also had more time to socialize with her friends, realistically, Kathy still could not provide her children with everything that she wanted or have enough time alone. She even reported having experienced less sleep. Kathy emphasized that she would like to "have more money" to "be able to get [the] children things *they* really want." When asked about those family strengths that she admired the most, Kathy focused on supportive family interactions. She described her family as "close-knit-- the children play together and watch each other."

Telephone contacts minimally revealed that Felicia and her sister, Sharice, had colds and the flu in December of 1997. However, Kathy also divulged that another household member suffered from a chronic illness during her fall parent interview. Personally, Kathy characterized her health status as good and had a regular health care provider in both the fall of 1997 and the spring of 1998. She received her routine medical care at an outpatient clinic in a local hospital. In the spring of 1998, despite the fact that Kathy reported cigarette smoking in her home, she attributed improvements in her overall health to Head Start. Specifically, she noted her healthier nutritional habits and her enhanced activity level.

When asked about her need for social support, --someone to confide in about personal and private matters-- Kathy's responses ranged across a continuum in terms of degree, source of, and satisfaction with her support. In January of 1998, she expressed a slight need for intimate support, while she reported no need, especially in terms of parenting, assistance with child care, and daily household tasks, in February, March, and September. Interestingly, in August, Kathy, again, relayed a slight need for intimate support and, similarly, in October, a moderate need for aid with child care. She indicated that she was able to speak with her friends, relatives, and, even her ex-in-laws. However, while she noted very high satisfaction when confiding in her friends, she only reported moderate satisfaction when revealing her personal thoughts and feelings to family members and her ex-in-laws. Overall, in her fall parent interview in 1997, Kathy felt that her friends and Felicia's grandparents were both very valuable resources in terms of helping her to raise Felicia over the previous six months, whereas the Head Start staff was only somewhat supportive.

In the fall of 1997, Kathy reported feeling easily irritated by circumstances that would not normally bother her, having trouble concentrating on daily tasks, and having difficulty being productive. By contrast, in both her fall and spring parent interviews, although she confirmed that most or all of the time everything she did seemed like an effort, she also described being happy, hopeful about the future, and enjoying life during telephone contacts in June and, later, in November of 1998. Similarly, while she reported rarely feeling depressed or lonely in both her fall parent interview and during these telephone contacts, Kathy also asserted that what happened to her depended on her, and she strongly agreed that she could do anything that she set her mind to in her fall parent interview. Kathy did not delineate any personal hopes and goals during her fall home interview, yet, in the spring, she reported, "No goals last time, but, now, [I] plan to go back to beauty school to get [my] license back." Having continually expressed a keen interest in her children's welfare, she explained, "going out looking for a job" was important, "so I can get things for my kids."

The Family's Interactions with Head Start

Felicia's 4-year-old sister, Cheyenne, also attended Head Start during her enrollment. Kathy initially registered Felicia "so she can be with kids her age. Try to teach her so she can be ready for kindergarten." In general, she envisioned that Head Start would give her daughter a solid academic foundation as well as improve her social interactions with children. Personally, Kathy hoped that Head Start could provide her family with a safe haven from their neighborhood as well as enhance her role as a parent.

During her spring parent interview in 1998, Kathy indicated that she had participated in seven out of sixteen Head Start activities at least once and as many as three times since Felicia's enrollment. These activities ranged from private parent-teacher conferences, classroom observations, Head Start home visits, and workshops to more collaborative efforts including volunteering with class events, fundraising, and attending meetings for the Head Start Policy Council. Specifically, Kathy recalled a memorable event in which she assisted Cheyenne's class. "[We] made sashes and caps for graduation for Cheyenne—going to kindergarten next year." By contrast, she had not yet had the opportunity to prepare classroom food or materials, assist with Head Start newsletters or fliers, or attend educational fieldtrips or social events, either by herself or with another parent. Kathy highly valued her involvement with Head Start, yet she often felt that child care and transportation posed a barrier to her participation. In her spring home interview in 1998, she elaborated, "I have tried to be there, because I have two kids at the school, but don't go because of the baby. Don't like to take her out in rain or cold." Later, when she accepted a part-time cashier position in the spring of 1998, work commitments further impeded her involvement. However, proactive in her approach, Kathy would often attempt to reschedule rather than miss appointments.

Kathy reported high satisfaction with Head Start. With the exception of a telephone interview in December of 1997 in which she felt that Felicia was not learning enough, contacts in January, March, and December of 1998 delineated her positive attitude towards parent-teacher conferences, home visits, and interactions among parents at council meetings. Although Kathy was unable to attend many events, she consistently noted staff efforts to solicit her participation in January, February, March, October, and December. Predominately, satisfaction stemmed from the fact that involvement both helped her to fulfill her goals for Felicia and to improve her role as a parent. When commenting on Felicia's impression of Head Start, Kathy expressed, "[She's] happy. She loves it!-- likes the kids and toys and plenty to keep her busy." She explained that she hoped to instill Felicia with a sense of "values, manners, and what you have to do in life. [To] do what a woman is supposed to do to keep herself clean. Keep her mouth clean. Be a respectable citizen---just because we live in the ghetto, we don't have *to be ghetto.*"

Overwhelmingly, Kathy believed that Head Start had a noticeable and a positive impact on Felicia. Specifically, she noted that staff usually seemed open to new information and ideas and always expressed enthusiasm and warmth towards Felicia. She commented, "[I] am quite satisfied. I think that they are teaching her pretty good. Sure teaching her to express her feelings." However, Kathy also expressed some displeasure with the program's capacity to meet her family's needs; she was very dissatisfied with their respect for cultural differences and provision of family services.

When asked about the extent to which she felt she could achieve her goals as a parent, Kathy emphasized the importance of securing a job in order to support her children. With great candor, she explained, "[I] love being a parent. I know that you can't fully raise a family on one parent, but I'm dong the best I can." Kathy also felt that Head Start supported her psychological well-being, especially as a single mother whose children had varying developmental needs. "I think I'm teaching her pretty good. My 15-year-old is a good girl. I give her space, but I trust her so I'm going to do the same with the younger girls." "They [Head Start] have seminars, but I've only been to one." Regarding professional growth, Kathy revisited her vision to return to beauty school but was unable to discern any positive change, stating, "Head Start didn't help."

The Family's Home and Neighborhood

At the time of the fall home interview in 1997, Kathy and Felicia lived in a two-story complex in a large, gated, suburban apartment community. The majority of the homes were comprised of lower-middle class, African-American families who were among the "working poor, economically." Although within blocks of a freeway exit, the building and environs appeared quiet, clean, and fairly new. Ground maintenance workers were seen around the development, tending to shrubbery and a local swimming pool. The interviewer noted, "The community, itself, seems to be well-maintained." "There are parking areas in various locations, but each building has a lawn and a sidewalk area in front that is away from car traffic." There were no abandoned buildings or graffiti. Numerous signs, naming developments or community shopping areas, were observed, yet their commercial nature did little to create a sense of neighborhood identity. Uncertain about the availability of community resources and neighborhood activity, the interviewer noted, "There is…a bus stop across the street from the entrance to the community. I could not tell if there were churches or schools in the area, but there is a great deal of shopping available within walking distance."

At first glance, the neighborhood appeared to be relatively safe and stable. Outside, people were observed playing and socializing. The interviewer commented, "I noticed adults checking on the children. There were always adults available to ask directions of, but they were not hanging out." "It seems to be a safe place to raise children…visitors must be buzzed in." Fortunately, Kathy confirmed that she and Felicia had never been a witness to or a victim of domestic or violent crime in both her fall 1997 and spring 1998 parent interviews. Overall, she had a positive impression of her neighborhood and its community interactions. "Pretty good--Not much problems here. Has rough rack kids, but it is all right." "Friendly kids. Manager kicks out tenants who give problems right away." However, Kathy noted a particular area in need of improvement: "[We] don't have a place for the kids to play, so the kids break things. Need a playground -- Make the parents watch even more."

A Head Start Family: Narrative D

This narrative documents the family's life from October of 1997 to December of 1998. Data contributing to this report were obtained from a structured parent interview, a semi-structured home interview, and teacher observations conducted in the fall of 1997 and spring of 1998 as well as monthly telephone contacts from November of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

Burt was a 4-year-old biracial boy who lived with his mother and his younger step-brother in a suburban town in the South. Burt was new to Head Start in the fall of 1997 and attended Head Start five days a week for six hours each day. He lived five minutes away from Head Start and typically got to Head Start each morning by car. His mother, Michelle, reported that "he loves Head Start. He thinks his teacher is wonderful." In addition, Michelle described Burt as having "a great personality. He's well-spoken. He knows his manners. He knows right from wrong. I believe he is very intelligent. He speaks his mind. I taught him to speak up and to speak the truth." According to Michelle, his favorite things to do were "sports, sports, sports, and fishing. I take him and his little brother fishing. We never catch anything but it's fun. Baseball, hockey and golf are his favorite sports. He loves to watch the football games on t.v." In addition, his mother said that Burt enjoyed learning, trying new things, was imaginative, made friends easily and liked to comfort or help others. Burt's teacher indicated that he did not lack confidence in learning new things or trying new activities and that he worked well in groups. He joined group activities without being told to do so, invited others to join in activities, followed rules when playing games with others and helped put materials away after the activity was over.

In the fall of 1997, Michelle reported that Burt could count up to twenty, recognize the colors red, yellow, blue, and green, recognize his first name in writing and some of the letters of the alphabet, button his own clothes, hold a pencil properly and liked to write or pretend to write often, but could not yet write his first name and mostly scribbled when he tried to write. By the spring of 1998, Michelle indicated that Burt could now recognize all of the letters of the alphabet, could write his first name, and wrote clearly rather than scribbling, although he liked to write or pretend to write less often. Burt enjoyed being read to for approximately 30-40 minutes at a time, and would look at a book with pictures and pretend to read himself. In the fall of 1997, Michelle indicated that when Burt pretended to read a book, he could tell you what is in each of the pictures but did not make a connection between each of the pictures yet. However, by the spring of 1998, Burt was able to tell Michelle what was in each of the pictures and make the connection between each of the pictures to tell the story. The family had a variety of reading materials in the home, including children's books, magazines, religious books, and other books such as novels, but did not have dictionaries or encyclopedias in the home. At the time of the October 1997 interview, Michelle had read to Burt three or more times during the past week; however, during the spring interview Michelle had read to Burt one or two times in the past week.

When asked about his behavior in the fall of 1997, Michelle said that Burt was sometimes disobedient at home and had temper tantrums and hit and fought with other children. In the spring of 1998, Michelle reported that Burt's behavior had improved somewhat as he was no longer disobedient at home, yet he still sometimes had temper tantrums or fought with others. This acting out behavior was confirmed by Burt's teacher in the spring. At the time of both of the interviews, Michelle indicated that she had to discipline Burt two times in the past week using time-out. Despite his occasional difficult behavior, Michelle reported that Burt was not an unhappy child and he never seemed to worry about things for a long time. Burt's teacher also reported that he was not nervous, high-strung or tense, and did not seem to worry about things for a long time, or tend to withdraw from others. However, contrary to Michelle's reports, Burt's teacher felt that he sometimes seemed unhappy or sad.

Michelle described Burt's health as excellent with no chronic illnesses and reported in the spring of 1998 that Burt had only missed one to five days from Head Start due to illness. Monthly telephone conversations from November 1997 to December 1998 indicated that Burt had not been sick at all over that time period. However, in November 1997, Burt did get a cut on his head at Head Start that required him to go to the emergency room and get stitches. Luckily, Burt had a regular health care provider and was covered by Medicaid health insurance.

When asked about hopes and goals for her child during his first year in Head Start, Michelle focused on Burt's character and moral development, saying "I want him to be a good and moral person." Regarding educational goals for him, she hoped that he would go to college, and explained her hopes by saying, "I want him to get a good education so he won't have to struggle as hard as I do." When asked about her hopes and goals for Burt's future aspirations, she said that "that will be up to him."

The Head Start Family

This was a single-parent family with the mother, Michelle (27 years old) living at home with two children, Burt who was 4- years-old and Shawn who was 2-years-old. Michelle was single and a widow (Burt's father was deceased). During this time, however, her family had remained intact and at the time of the fall 1997 interview had not moved in the last 12 months or had any changes in household composition from November 1997 to December 1998. In addition, Michelle indicated in the spring of 1998 that her fiancé had become a father-figure to her boys.

Michelle had a high school diploma and had attended some college. She worked full-time in a seasonal service occupation maintaining and cleaning boats and estimated her yearly household income was $13,200 in the fall of 1997 and $12,000 in the spring of 1998. Michelle described her health as excellent with no major health problems that restricted or stopped her from working. She also had a regular health care provider and received her routine medical care at a private doctor's office, although she was not covered by any health insurance.

During the fall interview, Michelle indicated that since Burt's birth, her family needed and received Medicaid and food/nutrition services as well as assistance with child care. At the time of the spring 1998 interview, Michelle's family continued to receive Medicaid as well as assistance with child care and transportation. In addition to his time at Head Start, Burt was cared for at a licensed child care center for 7-10 hours per week. This was the same child care center that Burt attended prior to enrolling at Head Start, as well as where his younger brother Shawn currently attended on a full-time basis. This care was paid in part by a government subsidy. Michelle indicated that Head Start did not help her family get child care or transportation services (they obtained them on their own) nor did they need Head Start to help them procure or receive any of the other services since they were already receiving them before Burt began Head Start. In telephone interviews in July and December of 1998, Michelle shared that her family was always or frequently able to have enough money or resources to meet basic needs, such as food, clothing, monthly bills and other necessities. However, she reported that the family rarely or never had enough money or resources to travel or take vacations and only sometimes had enough time to socialize or be with friends.

When asked to describe her family's strengths or positive qualities, Michelle focused on the support she received from her extended family. "Well, my Mom and Dad and brother and sister live nearby. The boys are the first grandchildren and they enjoy them a lot! My dad is a sheriff and they learn a lot of good things from him, the right values. I see them all the time. I take the boys to the "Y", where my sister works, 3-4 times a week." Michelle suggested that her parents influenced her own parenting beliefs. "I think it is important to teach my kids the same morals my parents taught me. Teach them to have respect for people and the good things in the world. I also want them to be comfortable with the fact that they are biracial." Michelle was very satisfied being a parent. "I love being a parent. My boys are the most important things to me and my fiancé loves them! We have such a good time and I like to do things with them." In her role as a parent, she received support from a number of sources. "My parents are great, Head Start is great, and so is child care and I have lots of help." When asked about areas she would like to see her family improve or change, Michelle said, "I'd like my fiancé to be here full time. He loves kids and wants to adopt both boys. His father is a corporal in the army so he has strong morals." Concerns about her future family along with work goals were important to her in the fall of 1997 when asked about her own personal hopes and goals. "Well, I'm looking forward to marrying my fiancé. The boys love him. I also hope to take over the company I work for. I have worked there three years and my boss is bringing me into the business to take over when he retires." By the spring of 1998, Michelle had made some progress toward her goals. "At work my boss made me a supervisor so I can spend more time in the office and talking to customers and doing the books. It's a small company - just seven people - but it's a lot of responsibility and I really like it! Also, I have always hoped to own my own house and my boss helped me apply to Habitat for Humanity and I've been approved. I'm so excited! They are building 15 homes in the neighborhood and I qualify for a three bedroom! I am already planning!"

Michelle expressed a moderate need for intimate social support -- someone to talk to about things that were personal and private -- in January 1998. She was very satisfied with the intimate support she received from her fiancé and mother during that month. In August of 1998, Michelle had no need for intimate support and continued to receive support (if needed) from her mother. Regarding support in helping her raise her children, in October of 1997, Michelle indicated that her mother and father, Head Start staff and other child care providers, as well as members of a religious/social group were very helpful. However, by the May, 1998 parent interview, Michelle said that the Head Start staff, other child care providers, and members of a religious/social group, were now only somewhat helpful in helping her raise her children. She still found the support she received from her mother and father, as well as someone else who was not identified, as being very helpful. In February and September, 1998, Michelle was very satisfied with the support she received from her mother, whom she sought out for advice and information about parenting, saying, "I talk to my mother every day and she gives me lots of advice. Every time I tell a cute story about the kids, she gives me advice about what it might mean and what I should do." Michelle rarely or never felt depressed and strongly felt that she could control her own destiny - that she could do anything she set her mind to do. In June and November of 1998 she was happy, enjoyed life and hopeful about the future most or all of the time.

During the fall 1997 and spring 1998 interview, Michelle indicated that the family had household rules regarding the type of shows and how long Burt could watch television, the time he goes to bed, the kinds of food he could eat and what chores he was to do each week. Despite being a single parent with a full-time job, Michelle spent time with Burt. In the week prior to the fall 1997 interview, Michelle told Burt a story and worked on letters and numbers with him. She also took him along while she did errands, had him help her with household chores, and talked with him about his Head Start day. Within the past month, she and Burt had visited a mall and playground, seen a movie and attended a community event. Likewise, in the week prior to the spring visit, Michelle had worked on letters and numbers, sang songs, and played indoor games with Burt. She also took him on errands, had him help with household chores, and talked with him about his Head Start day. In the month prior to the spring visit, she and Burt visited the library and mall and the entire family, along with Michelle's fiancé, went to the zoo, visited a playground, and attended a family, religion and sporting event.

The Family's Interactions with Head Start

The family had only been involved with Head Start for one month at the time of our October 1997 interview. Michelle's primary reasons for enrolling Burt in Head Start were to prepare him academically for school and to establish school as a positive thing in his life. "He's been in day care but I'm hoping Head Start will teach him more. I hope he'll learn his letters and numbers. I also hope he'll learn to like to go to school and get into the habit of school."

From November 1997 to June 1998 Michelle was unable to attend four of the six Head Start events in which she was invited to participate due to work demands, including two parent meetings, a birthday party, and a volunteer opportunity. While Michelle had not participated in as many events as she would have liked by the spring of 1998 "because I work every day" she still felt that participation in Head Start was important and that "I always make a point of walking Burt into class every morning and talking to the teacher." In May of 1998, Michelle did participate in a home visit by a Head Start family service worker who brought the family a box of food items. The entire family also attended Burt's graduation from Head Start. Michelle was very pleased. "They had a beautiful graduation. Each class performed songs and they called each child by name to graduate. It was great. The kids had a great time."

Michelle expected Head Start to impact Burt and her family in terms of academic readiness. In a telephone contact made in December 1997, Michelle said that Head Start was meeting Burt's needs and that "he really likes it and looks forward to it. He's doing fine. I talk to his teacher every day when I drop him off." In addition, she also felt that Head Start was meeting the needs of her family "by giving Burt a good experience with school." Michelle continued to be satisfied with Head Start at the time of the spring interview. "I think it's great. At the beginning of the year I was disappointed because they kept having new assistant teachers - about six of them- and I felt like they were not teaching Burt but now I think the teachers are wonderful and Burt is really learning a lot. I want Shawn to go to Head Start - either that or Pre-K." In a subsequent conversation in July, Michelle indicated that she thought Burt was "very ready" academically, socially, and physically for kindergarten in the fall, and was very satisfied with what Head Start had done to help Burt make the transition. Her only suggestions for improvement were for the program to focus more on academic skills and have day care available after the Head Start day.

The Family's Home and Neighborhood

At the time of the October home visit, the family lived in a single-family home in a neighborhood that "gives you a feeling of being almost rural." The FACES home visit interviewer described the family's home as a "one-story, duplex, split down the middle. The inside was neat but furniture and carpet were dark brown, spotted and shabby." In the spring, the same interviewer indicated that the home was clean and less cluttered and crowded than the previous visit and that the walls of the house had been freshly painted. Michelle had purchased new living room furniture, although the carpet was still seriously soiled.

The interviewer described the neighborhood in the fall of 1997 as "having no trees, shrubs, or flowers" and the family's house as "one of many identical row houses all painted pale green." There were a couple of abandoned buildings in the neighborhood as well as abandoned cars and litter or trash in a few of the neighborhood's streets and yards. No community or neighborhood resources, such as parks, schools, churches, or businesses were within one half mile of the home.

Michelle felt that her neighborhood was "pretty nice. It's mixed ethnically and there's no racism. That's important since my kids are mixed." She felt her neighborhood's strengths were "all the kids and the fact (that) people help each other and the fact that there are lots of different people - different races. And the kids all get along." When asked whether her neighborhood was a good place to raise children Michelle said "It's o.k. It's quiet. There's not a lot of traffic so I can let the boys out and not worry about them. There are lots of kids and I like them in and out of my house, so I can keep an eye on what's going on. All their parents are nice and we all pitch in and help each other. When asked about improvements she would make to her neighborhood, Michelle indicated that "some of the landlords don't keep the property up. It would be good to get them to clean them up and repair them." The neighborhood did have some abandoned or boarded up buildings, but did not have any graffiti or vandalism, or have any problems with adolescents or adults loitering in the neighborhood. In terms of neighborhood resources, Michelle reported that their neighborhood had a day care, center, community center, supermarket, pharmacy, church and elementary school as well as having access to public transportation. However, their neighborhood lacked a public library, public playground, or doctor's (pediatrician's) office. Michelle considered her neighborhood a safe place and reported that neither she nor anyone in her family had heard, witnessed or been a victim of a violent crime.

A Head Start Family: Narrative E

This narrative documents the family's life from October of 1997 to December of 1998. Data contributing to this report were obtained from a structured parent interview, a semi-structured home interview, teacher reports, and child assessments conducted in the fall of 1997 and spring of 1998 as well as monthly telephone contacts from November of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

Troy was a 3-year-old White boy who lived with his mother, stepfather, and his five brothers and sisters in a rural town in the Midwest. Troy was new to Head Start in the fall of 1997 and attended Head Start four days a week for four hours each day. He lived 30 minutes away from Head Start and typically got to Head Start each morning by car and school bus. His mother, Julie, described him as "a great 3-year-old. Never had 'terrible twos' - he's just great." According to Julie, "his favorite thing on earth is Power Rangers - he loves Power Rangers." In addition, his mother said that Troy enjoyed learning, trying new things, was imaginative and made friends easily. Troy's teacher, however, indicated that he lacked confidence in learning new things or trying new activities and did not work well during group times. He never joined group activities without being told to do so, never invited other to join in activities, often disrupted ongoing activities, never followed rules when playing games with others, and only sometimes helped put materials away after the activity was over.

Julie also reported that in the fall of 1997 Troy could count up to ten, recognize the colors red, yellow, blue, and green, button his clothes, and hold a pencil properly. He often liked to write or pretend to write, but mostly that consisted of scribbling. Troy also could not recognize any of the letters of the alphabet or write or recognize his first name yet. However, Troy enjoyed being read to for approximately 10 minutes at a time, and would look at a book with pictures and pretend to read himself. When Troy pretended to read a book, he could tell you what was in each of the pictures, but did not make a connection between each of the pictures yet. By the spring of 1998, Julie indicated that Troy could now recognize some letters of the alphabet but had made no progress in terms of counting, writing, and recognizing his first name. He still continued to mostly scribble rather than writing or drawing, but he now enjoyed being read to for an hour at a time every night, although he will no longer look at a book and pretend to read himself. His teacher also reported that Troy did not show interest in reading activities. The family had a variety of reading materials in the home, including children's books, magazines, newspapers, religious books, dictionaries, encyclopedias, and other books such as novels, and Julie read to Troy every day during the week prior to both the fall and spring visits.

When asked about his behavior in the fall of 1997, Julie said that Troy was not disobedient at home, but had temper tantrums very often and sometimes hit and fought with others. Julie indicated that she sent Troy to time out four times in the week prior to our visit. Despite his behavior, Julie reported that Troy was not an unhappy child and he never seemed to worry about things for a long time. In the spring of 1998, Julie indicated that Troy continued to have some of the same behavior problems. He still had temper tantrums, hit, and fought with others and was now somewhat disobedient at home. She reported that Troy was sent to time out seven times during the week prior to the spring visit. Troy's teacher agreed that Troy often hit or fought with other children in the classroom, had temper tantrums, and disobeyed rules or requests. Interestingly, Julie now felt that Troy was somewhat unhappy, could not concentrate for long and fidgeted a lot, but still did not seem to worry about things for a long time or act nervous or too young for his age. Troy's teacher agreed with Julie that Troy often appeared to be unhappy or sad and had a difficult time concentrating for long. She also felt that he often seemed sleepy or tired in class and fidgeted all the time. Unlike Julie, Troy's teacher felt that he did worry about things for too long and was somewhat nervous and immature.

Julie described Troy's health as "excellent" with no chronic illness although she did report that he had a speech impairment that impacted his learning. She felt that he was not yet understandable to a stranger when he talked. In the fall of 1997, Julie had not yet participated in an individual education plan (IEP) at Head Start and reported that they had not been given the opportunity. However, in December Head Start told Julie that Troy's speech problems were developmental and he did not need speech therapy so she got a speech therapist for Troy on her own. In the spring of 1998, Julie reported that Troy had missed only one to five days of Head Start, mostly because Troy did not want to go, not because he was ill. Monthly telephone conversations from November of 1997 to December of 1998 indicate that Troy had been sick only once in January 1998 at which time all six children in the family were sick with the flu. It is unclear if they went to the doctor at that time but Julie did report that Troy did have a regular health care provider and was covered by health insurance.

When asked about her hopes and goals for Troy during his first year in Head Start, Julie said, "I really hope he outgrows his speech problem and (will be) getting along with other kids." She also hoped that they remained close. "I hope I stay as close to him as I've always been. When the other two (siblings) went to school last year - him and I had lots of quality time together. We really bonded." Regarding educational goals for him, she indicated that in the short-term she "assumed he'll go to Kindergarten next year but I have a feeling he won't be ready. Pre-Kindergarten (classes) is every other day so that would be 2 years of every other day. Pre-1st (classes) is every day so we will do that if (he is) not ready for 1st (grade)." In the long-term "I expect him to go to college. We have already set up something whether he likes it or not." When talking about her hopes and goals for Troy's future, she referenced her hopes for him relative to his older brother: "He has an older brother (1/2 brother) that doesn't do much with his life. I would hope he would always be happy. I imagine he will be the most content, happy, and social - the other is more stand-offish."

The Head Start Family

The family is a blended two-parent family with the mother, Julie (29-years-old) and father, Dirk (43-years-old) living at home with six children (three girls, Angela, Tiffany, and Destiny who are age 17, 5, and 1; three boys, Troy, Kyle, and Dakota who are age 3, 4 and 1). Julie and Dirk are currently married. With the exception of the eldest daughter, Angela, who moved out of the house in June 1998, this family has remained intact. At the time of the fall of 1997 interview, they had not moved in the last 12 months and had no changes in their household composition from November of 1997 to December of 1998.

Julie and Dirk both have a high school diploma (or GED) and Julie had attended some college beyond high school. Both Julie and Dirk worked full-time "shift work" jobs in the auto industry and estimated their yearly household income was $30,000 in the fall of 1997 and $96,000 in the spring of 1998. The discrepancy in household income is explained, in part, by the fact that both Julie and Dirk had periods where they worked a lot of overtime (i.e., 60 hour work weeks). However, both Julie and Dirk went on strike in June of 1998 and collected unemployment insurance until they went back to work in August of 1998.

Julie described her health as "excellent" with no major health problems that restricted or stopped her from working and was only sick once in November of 1997 for four days with a cold. Julie was covered by health insurance, had a regular health care provider, and received her routine medical care at her provider's private office. Troy's 4-year-old brother, Kyle, was sick in October of 1998 for a few weeks with a viral infection that eventually was diagnosed as hepatitis A and spent a day in the hospital because of his illness.

In the fall of 1997, Julie reported that her family had needed assistance with child care and food/nutrition since Troy's birth. Child care services for Troy and his older siblings were provided directly from Head Start for 14 hours per week and paid for by the family. By the spring of 1998 interview, they continued to need help with child care; however, their child care arrangement had changed from Head Start to a non-relative who watched the children in their home for 14 hours each week. The family continued to pay for the child care. Prior to Troy beginning Head Start, the family received child care services in the home of an unlicensed baby sitter. The family indicated that Head Start did not help them procure or receive the child care and food/nutrition services they needed or received. The family's youngest son, 1-year-old Dakota, was being tested for a language problem in June of 1998. In October of 1998, Julie shared that her 4-year-old son Kyle was going to start seeing a psychiatrist to address emotional and behavioral issues at school. "I don't see it (the problem), the teacher sees it. He has trouble in class in terms of temper tantrums when he doesn't get his way and he cries a lot in school. Personally, I think it is because every other day he thinks it is not so bad to be at home." In telephone interviews in July and December of 1998, Julie indicated that her family was always or frequently able to have enough money or resources to meet the basic needs of the family, such as food, clothing, monthly bills and other necessities. She felt the family frequently or always had enough money to take vacations or for family entertainment, and was able to save. However, she rarely or never had enough time to be with her spouse or with close friends.

When asked to describe her family's strengths or positive qualities, Julie focused on the family's composition and positive relationships. "I actually really like that it's big and I think my kids are really good. I really like the fact that we're really close." These qualities, as well as the inherent challenges that come with having a large family, were also important to her when asked about her personal hopes and goals. "I hope I don't get really stressed out with five kids. I'm doing really good but I have a feeling I'll get burnt out. Luckily they're pretty good." When asked about areas she would like to see her family improve or change, she said, "I'd like to improve the fact that we work too much (and need to) spend more time together. I think we'll be able to do that when they're in school (and) maybe their dad will get another shift. I'd like to be a normal family."

It was important for Julie to teach her children to be honest, to care for others, and not be afraid to express their feelings for one another. Julie said, "My most important goal for Troy is that he knows that I love him. My mom was standoffish as a parent and it's something that really bothered me as a kid. When he is 18, I want to be able to go up to him and give him a kiss and a hug and for him not to feel uncomfortable." Julie shared more about her goals as a parent. "I'd like my children to not be liars. I'd like them to be honest and I hope that my children would care about other people's feelings."

Julie was "pretty satisfied" being a parent. She said, "I like it a lot better than I thought I would. I didn't want children (when younger). If you could have told me then that I'd have five kids. Even my mom tells me I never thought I'd be able to handle it like I do." When asked what sorts of things could help her as a parent, Julie said, "I need organizational skills. I think having a lot of kids you need to get organized - so you can keep the kids appointments and things straight."

Regarding support in helping her raise her children, in the fall of 1997 Julie stated that her husband, Dirk, as well as the Head Start staff and other child care providers were very helpful. By the spring of 1998, Julie said that Head Start staff, other child care staff, and Troy's grandparents were only somewhat helpful in helping her raise her children but that the support she received from her mother and other professional help givers was very helpful. Between January and September of 1998, Julie expressed a very great need for intimate social support - someone to talk to about things that were personal and private. She was satisfied with the intimate support she received from her husband and other relatives during that month; seven months later she reported that she no longer had a need. In February, Julie reported that she was satisfied with the support she received from a co-worker whom she sought out for advice and information about parenting. "She has a lot of kids, like me." One month later, she was satisfied with the support she received from her husband regarding taking care of the daily needs of their children. By September, she again indicated a slight need for someone to talk to for advice about parenting and reported that she was moderately satisfied with the advice she received from her mother, her sister, and sister-in-law.

Julie rarely or never felt depressed and felt that she could control her own destiny - that she could do anything she set her mind to do - although she did feel helpless dealing with some of the larger problems in her life. She sometimes felt there was little or nothing she could do to change the important things in her life. She indicated in June and again in November of 1998 that she was happy, enjoyed life, and was hopeful about the future most or all of the time.

During the fall and spring interviews, Julie indicated that the family had household rules regarding the type of shows and how long Troy could watch television, the time he had to go to bed, and what chores he was to do each week. In addition, although Julie and Dirk had full-time jobs, she reported that they both spent time with Troy doing various activities. Within a one-week period prior to the fall of 1997 interview, Julie said she told Troy a story and worked on letters and numbers with him. Both Julie and Dirk took him along while they did errands, had him help with household chores, and talked with him about his Head Start day. Troy's siblings also taught him letters, words, or numbers, played games, sang songs, and worked on arts and crafts with him. Julie said within the past month that her family had visited a mall, visited a playground, and attended a community event with Troy. Dirk and Troy also attended a sporting event together. Likewise, in the spring of 1998, the family continued to be actively involved with Troy. Julie had told Troy a story, worked on letters, words or numbers, sang songs, played games (indoors) within the week prior to the interview. Julie also took him on errands, had him help with household chores and talked with him about his Head Start day, while Troy's father had played games, sports, or exercised with him in the past week. In addition, in the past month the whole family went to the mall and saw a movie while Troy and his father also attended a sporting event.

The Family's Interactions with Head Start

Three of the family's children (Troy, Kyle, and Tiffany) had recently or were currently attending Head Start, giving this family three years of involvement with the program by the spring of 1998. This familiarity with Head Start was an important factor when Julie talked about her primary reasons for enrolling Troy in Head Start: "Because Tiffany and Kyle went last year and he (Troy) was devastated (that he could not go, too). But I also think Tiffany and Kyle benefited, too. When you have so many kids you can't give them all the attention they need."

Monthly telephone conversations from November 1997 to June 1998 indicate that the family participated in 8 out of the 13 Head Start events to which they were invited. Troy's parents were unable to attend two parent meetings, a Thanksgiving potluck dinner, and a "family day" in December because of work constraints: "I work 8 hours a day, 6-7 days per week, have five kids and I'm not taking time away from them. I will probably never attend because I have too many kids." In November 1997, Julie was able to attend a parent-teacher meeting but was unsatisfied with the meeting and upset that the teacher had confused her child currently in Head Start (Troy) with her son in Head Start last year (Kyle) by commenting that "he doesn't cry as much as he used to" when, in fact, she said he "never cried." The family was able to participate in three of the five field trips or classroom activities, including a family dance and taco lunch in January 1998, and had Head Start staff visit in their home, as well as participate in "fun night" in March. Julie talked about the family's experience at "fun night." "It had a place for the kids to color bags where you could write names and color. All the kids could do that. They had a place where you could lay down and trace the kid's bodies. Also had games that all the kids at different ages could play." Julie and her family were very satisfied with these events.

During the spring of 1998 interview, Julie reported that she was able to observe in Troy's classroom for more than 30 minutes, attended Head Start social events with her spouse, prepared newsletters or fliers, and called another Head Start parent three or more times. Julie also prepared food or materials for a Head Start event, attended parent-teacher conferences, had a Head Start staff member do a home visit, and attended a Head Start event with another adult one or two times in the past school year. Julie had not yet volunteered in the classroom, attended workshops, or participated in Policy Council meetings or fundraising activities. Despite her busy work schedule and limited time, Julie indicated that she felt it was "pretty important" for her to participate in Head Start activities "because we have a large family and we do not do a lot outside the house. It's important that we can take all the kids and have fun without being really stressed out." Yet Julie felt it would make it easier for her to attend Head Start activities if they would "make the events at 7 o'clock or later because my husband gets out of work at 7 o'clock and then there are two adults (to help with all the kids)."

While Julie expected Head Start to impact Troy in terms of academic readiness and give him the personal attention he needed, she did not expect Head Start to impact her family in any way. In December, 1997 Julie indicated that Head Start was "sort of" meeting the needs of her child, Troy, but felt that they were not being proactive enough in identifying and giving him services related to his speech problems. In the spring of 1998 Julie said, "I would say I'm pretty satisfied with it. I feel the kids have educationally advanced because of it although sometimes I don't know what the goals are though. What goals I've learned were from Tiffany going through Head Start already and I can use that to help find what I want them to work on with Troy." Julie was "very satisfied" that the Head Start program maintained a safe environment for children, respected family culture and was open to ideas. She felt the program was often safe and secure, that the teacher was open to new information, and often treated her with respect -- making her feel welcomed and supported. Julie was "somewhat satisfied" with how well the program had helped Troy grow, develop, and be prepared for kindergarten - she felt that the teacher was sometimes warm and affectionate and showed an interest in Troy. Julie was somewhat dissatisfied with Head Start in terms of providing services for Troy, yet she felt that Troy sometimes received enough individual attention from the teacher and was happy in the program. In July of 1998, Julie thought Troy was "very ready" socially for kindergarten in the fall but only "somewhat ready" academically and physically. She was somewhat satisfied with what Head Start had done to help Troy make the transition to kindergarten: "I actually have not been as impressed with Head Start when I compare how ready Troy is for kindergarten to Kyle. I don't think Troy's teacher had enough control over the class - Troy slept during class and he'd get so upset because kids were picking on him. I don't think they would let him in kindergarten. I think he would be in pre-K because he still doesn't talk very much. Kyle's teacher had control and she had him doing things I never thought he'd do." Julie felt that Head Start could improve if it had extended hours and longer days and had better communication with parents.

The Family's Home and Neighborhood

At the time of the October home visit, the family lived in a single-family home in a rural neighborhood. The FACES home visit interviewer described the family's home in the fall of 1997 as "a small home that had additions (expanded). Very nice - some work left to do. Very open." In the spring of 1998 the same interviewer indicated that the home was "clean but cluttered with kids' toys although this clutter did not make the home too crowded, unsafe or really dirty."

In the spring of 1998, Julie described her neighborhood as "a good place" to raise children. "There's a lot for kids to do with the lake... lots of kids ... kind of rural. Big yards, big houses, lots of people the same age with kids the same age. We're friends in here - like last weekend, we had snow so we all 'snowmobiled' and had a big bonfire." When asked about changes she would make to her neighborhood, she said, "The fact that it is getting larger - they are starting to develop it more." Also, we "are so far from the grocery store and things like that. I would have them be closer."

The interviewer described the family's neighborhood in the fall of 1997 as "a small, largely white, working-class neighborhood that sits on a lake located in a rural area. Most of the houses in the area were well-kept single family homes with large yards." The neighborhood was described as "a great place to raise children with lots of space outside, and areas for children to play such as the woods and the lake. It also seemed like a small enough neighborhood that kids probably all can play together." The neighborhood was also described as "very safe" by the interviewer and Julie, who reported that neither she nor anyone in her family had heard, witnessed, or been a victim of a violent crime in their neighborhood in the past few years. However, since the neighborhood was in a rural area, community resources were limited. "There is really nothing nearby except a convenience store, and that is a few miles away." The only two resources Julie identified within a half-mile of her home were a convenience store and a neighborhood watch program - no park or public playground, day care center, bank, doctor's office, church, elementary school, or public library.

A Head Start Family: Narrative F

This narrative documents the family's life from October of 1997 to December of 1998. Data contributing to this report were obtained from a structured parent interview, a semi-structured home interview, teacher reports and child observations conducted in the fall of 1997 and spring of 1998, as well as monthly telephone contacts from November of 1997 to December of 1998. The names of the family members have been changed to protect their confidentiality.

The Head Start Child

Tim was a 5-year-old White boy who lived with his mother and brother in a rural town in the Southwest. Tim was new to Head Start in the fall of 1997 and attended Head Start four days a week for four hours each day. He lived 30 minutes away from Head Start and typically got to Head Start each morning by riding on the Head Start school bus. His mother, Linda, described him as "an emotional child. He can be laughing at one thing and turn around and get upset. His emotions surprise me for someone so young. One thing about him though is he can find humor in just about anything." Tim "enjoys playing." "He likes motorcycles. Ever since he was two. He enjoys his bike. He recently removed the training wheels and he built himself a little jump." In addition, his mother said that Tim enjoyed learning, trying new things, was imaginative, and made friends easily. Tim's teacher agreed, indicating that he made friends easily, was confident about learning new things or trying new activities, that he worked well in groups by following rules and waiting his turn when playing games with others, as well as helping to put materials away after the activity is over. He also sometimes joined group activities without being told to do so or invited others to join.

Linda reported that in the fall of 1997 Tim could count up to five, recognize some of the letters of the alphabet, as well as recognize his first name in writing, and knew the colors red, yellow, blue, and green. Tim could hold a pencil properly, and mostly wrote and drew versus scribble, yet while he liked to write or pretended to write often, he could not write his first name. He could, however, button his own clothes. Tim enjoyed being read to for approximately 30 minutes at a time, and would look at a book with pictures and pretend to read himself. While pretending to read, he would tell you what was in each of the pictures and make a connection between them. Linda reported that she read to Tim everyday during the week prior to the fall visit.

In the spring of 1998 Linda reported that Tim could now count up to twenty and write his first name. He still enjoyed being read to for 30 minutes at a time and he continued to pretend to read books. Tim's teacher added that he would answer questions about a story that had been read and could then repeat part of the story. The family had a variety of reading materials in the home, including children's books, comic books, children's magazines, newspapers, religious books, dictionaries and encyclopedias, as well as other books such as novels. Linda reported having read to Tim three or more times during the week prior to the spring interview.

When asked about his behavior in the fall of 1997, Linda said that Tim was not disobedient at home but that sometimes he acted too young for his age, had temper tantrums, and hit or fought with others. Linda had to discipline Tim two times in the week prior to the fall interview, using time-out. Linda also felt that Tim was sometimes unhappy, sad, or depressed, and he seemed to worry about things for a long time, although she did not think that he felt worthless or inferior. By the spring of 1998, Linda reported that now Tim was often disobedient at home, continued to act too young for his age, and was still having temper tantrums and getting into fights sometimes. She had to discipline Tim two times in the week prior to the spring interview, using time-out. However, Tim's teacher had a slightly different perception of his behavior. She felt that he did not act immaturely and never had temper tantrums, or fight with others at school. Just as in the fall, Linda again reported that Tim was often an unhappy, sad or depressed child, and he continued to worry about things for too long a time. Unfortunately, she now also reported that Tim often felt worthless or inferior. Tim's behavior at Head Start appeared again to be different from his behavior at home. His teacher reported that Tim did not seem to be unhappy, sad or depressed although she did believe that he sometimes worried about things for too long. She felt that he was not restless, fidgety or nervous in class.

Linda described Tim's health as "excellent" with no chronic illness. In the spring of 1998 Linda reported that Tim missed only one to five days of Head Start due to illness during the past school year. Monthly telephone interviews from November 1997 to December 1998 indicate that Tim had not been sick at all during that time period. He had a regular health care provider and was covered by Medicaid health insurance.

When asked about hopes and goals for her child during his first year in Head Start, Linda said, "I hope he's prepared for kindergarten. I don't want him to get behind or to struggle in any way. I want him to be comfortable before he enters kindergarten. My goal is to make it as easy as possible for him." Regarding educational goals for him, she indicated that in the short-term she wanted him to master educational tasks appropriate for his age – "to learn the basic fundamentals and learn to write his name." For the long-term, Linda said, "I want him to go to college." "[I want] Tim to get an education and be the boss of all the people under him… to be happy in his life."

The Head Start Family

This was a single-parent family with the mother, Linda (30 years old) living with her two children, Keith, who was 9-years-old and his younger brother, Tim, who was 5-years-old. Linda was divorced from the children's father, who lived in California. The children's father contributed child support to the family and saw the children several times a year. In the fall of 1997, Linda reported that the children also had a father figure who was a relative, but in the spring of 1998 this father figure was no longer mentioned. Linda and her family moved twice in the 12 months prior to the fall interview - they moved from the West coast to the Southwest in July of 1997 and then moved to another Southwest State in June of 1998 to be closer to family and the children's father. The family had no changes in household composition from November of 1997 to December of 1998.

Linda had a high school diploma (or GED) and in the spring of 1998 was attending college full-time, working toward an Associates degree. Linda was not employed and had not been employed for the past year. She estimated her yearly household income to be approximately $13,000. Linda entered job training in November 1997.

Linda described her health as "very good" although she reported that a major health problem restricted or stopped her from working. Monthly telephone interviews between November 1997 and December 1998 indicate that Linda had not been sick at all over that time period. She was covered by health insurance although she did not have a regular health care provider. During the fall 1997 parent interview, Linda reported that the family needed and received Medicaid and child support assistance since Tim's birth as well as assistance with food/nutrition services (i.e., food stamps). In the spring of 1998, Linda again indicated that her family needed and received Medicaid, child support and food/nutritional assistance, as well as educational aid/grants and child care assistance. However, while Linda reported that her family needed help with adult medical/dental care in the spring of 1998, they had not received this help. Head Start did not help them procure or receive any of these services.

Tim attended a licensed child care center, paid for by a government agency, for 18 hours per week since the fall of 1997, in addition to Head Start. This arrangement changed when the family moved in the summer of 1998. From August to December of 1998, child care was provided in the home of a friend or neighbor who was not regulated or licensed.

During telephone interviews conducted in July and December, Linda shared that her family was sometimes able to have enough money or resources to meet basic needs, such as food, clothing, monthly bills and other necessities. The family rarely or never had enough money to take family vacations or to save, and only sometimes had enough for family entertainment. Linda felt they frequently or always had enough time together as a family or to be with the kids, but only sometimes had enough time to socialize or be with close friends.

When asked to describe her family's strengths or positive qualities, Linda focused on the family's positive relationships, good communication, and family activities. "I like how the boys and I get along. We play sports. We play baseball. I try to raise them where we can communicate openly. Communication and loving each other, quality time, trying to make them feel special -- these are all positive qualities." Linda suggested there were a number of areas her family could improve. "I wish my boys had their own rooms. There are times I wish I could teach them to appreciate each other. Then, there are times I wish I could be at home all the time, be there for them. Not have to work. But, then I need that for myself. Basically, I need to get involved with adults and be my own person - socialize." When asked about problems that the family was having that may have interfered with Tim's adjustment to Head Start, Linda focused on her recent divorce and Tim's behavior. "We moved from California in July. His father and I got a divorce, and his father remarried in California. He was having a hard time with that. But he's pretty much adjusted. The other thing is his temper. He explodes. If he doesn't get what he wants, he pouts. He has little patience for wanting things done his way and if it doesn't happen his way he gets angry. He has little patience with other people." In terms of her own hopes and goals in the fall of 1997, Linda shared, "My hope is to have a career that I am happy doing. I like the secretarial field, get to meet several different people. I want to go back to college. You can never have too much education. Within three years I want everything settled, to have a new car, a new place, to have a house that doesn't own you." By the spring of 1998 Linda had met her personal goal of going to college and "never thought she would do it." Her new goals were to "get a four-year (college) degree and maybe become a teacher."

Linda believed that in her role as a parent it was important for her to "listen to him (Tim), be there when he needs me, and encourage him to be himself." Linda felt she had been successful in doing these things for Tim because "I make it a goal to do these things." Linda also enjoyed being a parent. She said, "There are surprises every day (but I) wouldn't trade it for anything." When asked what things could help her as a parent she replied, "Give me more hours in the day!"

Regarding the need for support, Linda had no need for intimate support (someone to talk to about things that were personal or private) in August, but a slight need for informational support (someone to talk to for advice about parenting) in September. She was very satisfied with the help she received from her mother and sister. In October, Linda had no need for instrumental support (someone to help her with the daily needs of her children), but a slight need for someone to help her with daily household tasks. Unfortunately, no one was available to provide that help. During the parent interview in the fall of 1997, Linda was asked about the type of social support she needed and received from others to help her raise her children. Tim's father and grandparents, as well as the Head Start staff and religious/social group members were very helpful to her. Their support continued through the spring, when Linda mentioned that Tim's child care staff and professional help givers were also very supportive in terms of helping her raise her children. In addition to feeling very supported, Linda also reported in the fall and spring interviews that she rarely or never felt depressed and strongly felt that she could control her own destiny - that she could do anything she set her mind to do. She indicated in telephone interviews in November of 1997 and again in 1998 that she was happy, enjoyed life, and was hopeful about the future most or all of the time.

During the fall and spring interviews, Linda reported that the family had household rules regarding the amount and type of television programs that Tim was allowed to watch, the time Tim goes to bed, and what chores he did each week. Linda spent time with Tim doing various activities. Within the one-week period prior to the fall interview, Linda told Tim a story, helped him learn letters, words and numbers as well as songs. She took him along while she did errands, had him help her with household chores, and talked with him about his Head Start day. Within the month prior to the interview, Linda and Tim had visited a mall, a museum and a playground, as well as seen a movie and attended a community event. Likewise, in the week prior to the spring 1998 interview, Linda had told Tim a story, helped him learn letters, words and numbers, and talked about his Head Start day. The entire family went on errands together and played with toys or games indoors. They also played a sport or game outside together. Over the prior month, the entire family went to the library, a movie, the mall, a museum, playground and a sporting event.

The Family's Interactions with Head Start

The family had only been involved with Head Start for one month at the time of our fall 1997 interview. The primary reason for enrolling Tim in Head Start was to prepare him for kindergarten and because Linda had confidence in the Head Start program. "When I put Keith in kindergarten I wished he had been better prepared. So, I decided when Tim was old enough, I would put him in pre-school. I decided to put him in Head Start because I knew from my relative that it was such a good program." Linda expected that Head Start would help Tim in terms of academic readiness for school, and teach him good habits. She hoped that by giving him the opportunity to make new friends, this would help improve "his social interactions with other kids" as well as increase his interactions with adults. Linda was satisfied with Head Start because it "was encouraging him (Tim) to be himself." She was very satisfied that Head Start maintained a safe program, provided services to Tim and her family and respected their family culture. She felt they were open to ideas, fostered community involvement, and helped Tim to grow and develop. She commented that Tim was always happy in the program, felt safe and secure, and often received individual attention, affection, respect, and acceptance from the teacher. She was always accepted and welcomed by the teacher and felt supported as a parent by the Head Start staff. In December of 1998, she was very satisfied with what Head Start had done to help Tim make the transition to kindergarten indicating he was very ready socially, academically and physically for kindergarten. While very satisfied with Head Start, Linda felt it would be improved by "longer hours" and if it "allowed younger kids to attend."

In the spring of 1998, Linda indicated that it was "very important" for her to participate in Head Start activities "because I end up learning things about Tim that I don't learn at home. At school they have equipment and activities that I don't have a chance to do with him here at home." The primary barrier to Linda participating more in Head Start activities was "not having enough time" because she goes to school all day and cannot always get to activities. Monthly telephone conversations from November 1997 to June 1998 reveal that she did her very best to attend as many activities as possible. The family participated in all five Head Start events to which they were invited. The entire family was able to attend parent-teacher conferences, a family night, and a Halloween party in November 1997 and they were very satisfied with the activities. In June the family attended parent-teacher conferences and the last day of school celebration. In the spring of 1998 Linda reported that during the past year she had observed Tim's classroom for more than 30 minutes, prepared food or materials for a Head Start event, attended workshops, attended a Head Start event with a spouse or other adult, and participated in a home visit by Head Start staff once or twice. She attended parent-teacher conferences and Head Start social events three or more times during the past year. Linda had not yet volunteered in the classroom, helped with Head Start field trips, called another Head Start parent, or participated in Policy Council, fundraising, or preparing fliers or newsletters by the spring of 1998. Linda described two events she attended at Head Start. "One night we made a birdfeeder at Head Start with Tim and took it home to hang on a tree. On a different night at Head Start, we made snowflakes and also played musical chairs."

The Family's Home and Neighborhood

At the time of the fall 1997 home visit the family lived in a two bedroom single-family apartment in a rural neighborhood. The FACES home visit interviewer described the family's home and neighborhood home as "a quiet secluded residential street off the beaten track in a rural town. Homes are fairly new but look to be hastily constructed - one step up from modular homes. The street has just a few houses on it and it dead-ends into a plowed area with dirt roads that map out a new area where it looks like new buildings will soon start. The neighborhood has a lot of space but has no trees, sidewalks, and is not all that aesthetically pleasing." The neighborhood was described as "an o.k. place to raise children - lots of space to play and ride bikes." The interviewer reported that Linda wished there were more kids for her sons to play with. In terms of community resources available to the family, the interviewer did not observe any community or neighborhood resources, such as parks, schools, churches, or businesses within one half mile of the home. The neighborhood was described as "very safe" by the interviewer.

In the spring of 1998 Linda described her neighborhood as an "ok" place to raise a child. "The kids can ride bikes anywhere and it is a safe place." Linda reported in the fall and spring interviews that neither she nor anyone in her family had heard, witnessed or been a victim of a violent crime in their neighborhood. She described her neighborhood as "quiet, secluded and very residential." When asked about changes she would make to her neighborhood she indicated she wished there were "more kids in the neighborhood" and "that the road was paved." Although it was a rural neighborhood, Linda reported several community resources within a half-mile of her home, including a park, recreation center, day care center, supermarket, bank, convenience store, pharmacy, a doctor's office, church, elementary school, and a library. She also indicated that her neighborhood did not have any abandoned buildings, graffiti, vandalism, adolescents or adult loitering, and that they had a neighborhood watch program.

1.0 Introduction to the Community Agency Substudy

1.1 Overview

Head Start is part of the network of agencies and organizations at the Federal, State, and local level that are linked together by the common purpose of serving low-income children and families. As Head Start seeks to expand into the 21st century, it continues efforts to forge new partnerships within the community, as required by the Program Performance Standards (45 CFR 1304.41). Meaningful partnerships are critical for the successful delivery of comprehensive services for Head Start families. While a majority of Head Start programs report that they collaborate with other agencies to provide services for families, a better understanding of the nature and quality of these partnerships is needed, particularly from the community service provider's perspective.

Findings from the 1994 National Survey of Head Start Family Self-Sufficiency Initiatives (DeSantis & McLellan, 1997) suggested that most collaboration with community agencies was done informally, that is, without formal interagency agreements. Head Start program directors felt other community agencies may have been reluctant to enter into a written or formal commitment with them because resources were scarce and informal collaboration allowed for greater flexibility. The most successful collaborations appeared to have been influenced by organizational and community factors, namely, community partners who had sufficient staff available and who were members of a community that showed a commitment to networking, usually in the form of serving on task forces and community-wide advisory panels.

The network of agencies devoted to providing services for low-income children and families in any given Head Start community may vary on a number of important dimensions. Some may be large or small; weighted towards one particular type of service (e.g., family counseling) or diverse in services; closely knit, diffuse, or even contentious and competitive. Much can be learned through a description of the linkages among agencies and organizations. Network analysis, although a powerful methodological approach for investigating such linkages, is not without challenges. Defining a comprehensive universe of human service providers in a community (i.e., those with which Head Start might cooperate) can pose significant difficulties, since exhaustive listings of such providers are rare. Knowledge of the provider universe is important in determining whether, for example, a failure of Head Start to refer families to a particular service is a function of poor relations with the appropriate provider or whether such a service simply does not exist in the community.

As part of the Head Start Family and Child Experiences Survey (FACES), a subset of 10 of the original 40 Head Start FACES programs participated in a systematic investigation designed to further understand the partnerships between Head Start and other service providers in their community. The Head Start programs participating in this sub-study were selected to represent the larger FACES sample, meaning that they were stratified on geography, rural and urban status, and minority membership. These 10 Head Start programs provided a list of the community service providers they had relationships with or to whom they referred families. From each program's list of community agencies, 20 agencies (per program) were randomly selected for telephone interviews, for a total of 200 telephone interviews with community providers overall. Interviews sought to address the following research questions:

- What was the type of collaboration (formal or informal) with Head Start?
- What was the type, frequency, and quality of communications with Head Start?
- What was the frequency and method of client referrals between the agencies and Head Start?
- What exchanges of resources such as money or in-kind services occurred between agencies and Head Start?
- Were there joint planning or joint appointments or memberships on advisory boards or committees between agencies and Head Start?

Findings regarding the quality of the relationship between Head Start and community providers will be presented from the community providers' perspective, as well as the community perception of the local Head Start program. Additional information addressing the nature and quality of the relationships between Head Start and community providers from the perspective of Head Start family service workers will also be included.

1.2 Organization of Section V: The Community Agency Substudy

Section V contains results from the FACES substudy of local community service providers in the service areas for 10 Head Start programs. Chapter 1.0 presents an overview of the Community Agency substudy. Chapter 2.0 describes the methodology of the study, including the sample selection, measures development, data collection procedures, and data analyses used. Chapter 3.0 presents the findings and summarizes the conclusions from the substudy.

2.0 Methodology

2.1 Overview

Chapter 2.0 describes the data collection methodology used in this FACES sub-study of community agency providers, with a primary focus on the sampling plan, the development of the data collection instrument, and the data collection procedures used with the agency staff. Additional discussion addresses limitations of the study that impact the interpretation of the findings.

2.2 The Sample

A subset of 10 of the original 40 Head Start programs participating in FACES was selected to participate in this sub-study of community agency providers. In an effort to increase the generalizability of the findings, these 10 communities were selected to be representative of the FACES program sites on the three key sampling strata: urbanicity, geographic region, and minority enrollment of the local Head Start program.

Each of the 10 Head Start programs located in the selected communities was asked to provide a directory of the community agencies with whom they had a relationship, and to whom they referred their Head Start families for services. Using those directories, 20 agencies from each of the 10 communities were selected for telephone interviews. In order to represent a variety of agencies that provided services to low-income families, five types of agencies were targeted (Exhibit 2-1). Four agencies were randomly selected from within each of five types of agencies. A total of 200 community service providers, 20 per site, were interviewed during the summer of 1999.

Exhibit 2-1
Description of Community Agencies

	Unweighted Percentages
	N = 200
Type of Service Provided	
Housing, income assistance, food assistance	37.0
Drug and alcohol treatment, family violence	35.5
Child care	26.0
Education, job training, employment	22.5
Medical, health, mental health	21.0

	Unweighted Percentages
	N = 200
Auspice	
Community-based organizations, community action agencies, private, non-profits	46.5
Federal, State, county agencies	26.0
Universities, community colleges, school districts	9.0
Individual, private practitioners	7.5
Churches	7.0
Other	1.0

The majority of the agencies (59.5%) provided multiple services (*mean* number of services provided = 2.36; *SD* = 1.54; *range* 1-6). Over one third of the agencies provided housing, income, or food assistance (37.0%) or help with substance abuse problems or family violence (35.5%). Approximately one fourth (26.0%) of the agencies provided child care, 22.5% provided education, job training, or employment services, and slightly more than one fifth (21.0%) provided medical, health, or mental health assistance to families. The most frequent auspice of the selected agencies was community-based organizations (46.5%). Over three fourths (76.0%) of the agencies participating in the study provided services for children under 5 years old, and 31.5% of the agencies reported having a waiting list.

As part of the FACES staff interviews, a total of 160 family service workers (four from each selected program) were interviewed across all 40 of the FACES Head Start programs. Findings from these interviews are presented to compare the Head Start staff perspective with the community agency staff perspective on collaboration. Complete findings from the Family Service Worker interviews can be found in Section III. A copy of the instrument is in Appendix B.

2.3 Data Collection Instrument

A semi-structured telephone interview was developed to gather information about the agencies, targeting the administrators most responsible for supervising the direct delivery of services. Each interview lasted approximately 20 minutes and inquired about the following topics:

- Description of the agency, including its auspice, goals or mission, and services provided;
- Type of collaboration with Head Start;
- Referral patterns between Head Start and the agency;
- Perceived relationship with Head Start; and
- Outreach strategies aimed at low-income families.

A copy of the community agency interview can be found in Appendix E1.

2.4 Procedures

Three research assistants completed all of the interviews during the summer of 1999. Each attended a one-day training in Washington, DC that covered study background information, general interviewing protocols, and administrative procedures.

Once the list of targeted community agencies was compiled, the interviewers made every attempt to reach the person at the agency who was most directly responsible for the supervision of direct services to families. Overall, the community service providers were very cooperative and willing to participate in the survey. Approximately 83% of the originally selected sample was interviewed. Relatively few agencies refused to participate, and only a few were unable to be reached. In either of those cases, the agency originally selected was replaced by an agency in that community that provided the same category of services for families. It took, on average, less than four calls (*M* = 3.48; *SD* = 2.85; *range* = 1 to 15) to an agency to complete an interview.

The Community Agency Manager on the research team reviewed all completed questionnaires, noting any missing data that needed to be retrieved. All written responses to open-ended questions were transcribed and used to develop coding categories for content analysis. Each interview was content coded separately by two research assistants. When discrepancies occurred, agreement was reached through discussions involving the two coders and the Community Agency Manager. All data were then entered for data analysis. A copy of the coding scheme can be found in Appendix E2.

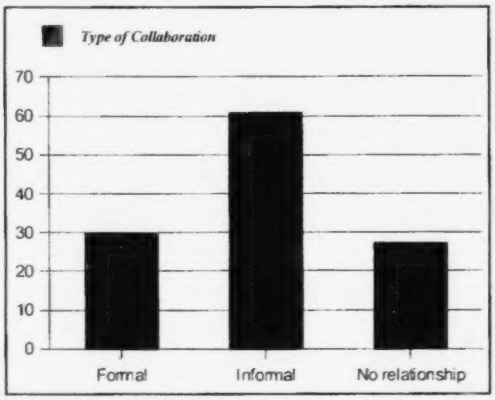
3.0 Findings and Summary

3.1 Overview

Semi-structured telephone interviews were conducted with the administrators most responsible for the supervision of direct services at 200 community agencies located in 10 of the FACES Head Start program sites. These interviews gathered information on the agencies' collaboration with the local Head Start programs. This chapter summarizes the findings from these interviews.

3.2 Types of Collaboration

When asked about their relationship with Head Start, most community agencies' staff (72.0%) reported that they had either a formal or informal relationship (or both) with Head Start, while 27.5% of the agencies' staff reported having no relationship at all (see Exhibit 3-1).



Informal Collaboration

The large majority of the agency staff interviewed indicated that their agencies' relationship with Head Start was informal (61.0%) and included collaborations such as referral of clients to Head Start or serving on the same community-wide committees. Exhibit 3-2 presents the types of informal collaborations the agencies shared with their local Head Start programs.

Of those agencies' staff who reported having informal relationships with their local Head Start programs, almost one half (47.5%) indicated that their collaborations involved the referral of clients, while more than one fourth said they conducted workshops or trainings (28.7%) or provided some other type of service (27.1%) for their Head Start partners. About one fifth (19.7%) of the agencies' staff reported joint membership on community-wide committees.

Exhibit 3-2

Types of Informal Collaborations between Community Agencies and Local Head Start Programs, as Reported by the Agencies' Staff

	Percentages (*n* = 122)
Referred clients to Head Start	47.5
Conducted workshops or trainings	28.7
Provided services to Head Start	27.1
Served on community-wide committees	19.7
Served on Head Start Advisory Board or Head Start served on agency Board of Directors	10.7
Participated in community activities	10.7
Received services from Head Start	8.2
Participated in formal or informal meetings	6.6
Other	8.2

Formal Collaboration

The 30.0% of agencies' staff who reported having formal relationships with local Head Start programs had contractual agreements to provide services such as dental or health care to the children, Welfare-to-Work programs for the families, or parenting classes. Exhibit 3-3 displays examples of the types of formal relationships community agencies' staff reported with their local Head Start programs. Providing other services for Head Start such as mental health counseling, food service, or wrap-around day care was mentioned by almost one third (31.7%) of the agencies' staff. Other formal collaborations included sharing facilities (28.3%), referral of clients (26.7%), and providing health services for Head Start children (23.3%). Only 8.3% of the community agencies' staff reported that they had formal arrangements to share financial resources with Head Start.

Exhibit 3-3
Types of Formal Collaboration between Community Agencies and Local Head Start Programs, as Reported by the Agencies' Staff

	Percentages (*n* = 60)
Provided other services	31.7
Shared facilities	28.3
Referred clients	26.7
Provided health services	23.3
Conducted workshops	18.3
Shared funds	8.3
In-kind contributions	5.0
Other	8.3

Communication

Even though most agencies' staff reported a relationship with Head Start, only 34.0% of them indicated that communication with Head Start occurred often or very often. The majority of the agencies' staff conveyed that they only rarely (41.0%) or sometimes (21.5%) communicated with Head Start. Exhibit 3-4 presents the types of communication with Head Start reported by the community agencies' staff. Most communication was done by phone (38.5%) and involved a discussion of mutual clients and shared services (29.5%) or client referrals (21.0%). In sum, while many community agency staff reported having a collaborative relationship with Head Start, most interactions were informal and did not involve regular communication.

Exhibit 3-4
Communication between Community Agencies and their Local Head Start Programs, as Reported by the Agencies' Staff

	Percentages (*N* = 200)
Methods of Communication	
By phone	38.5
In person	26.5
At formal or informal meetings	17.0
Written	5.5

	Percentages (*N* = 200)
Nature of Communications	
Discuss mutual clients or shared services	29.5
Refer clients	21.0
Request information about services	16.5
Share general information	10.0
Discuss workshops or trainings, or provide advice	3.5
Other	3.0

Head Start Perspective on Collaboration

As part of the main study, Head Start Family Service Workers (FSWs) were asked about their collaborations with local community service providers. While almost three quarters (73.2%) of the FSWs reported meeting with community agency staff to discuss what services were available for families in their caseloads, one half (48.7%) commented that they met with agency representatives less than once a month. About one third (31.8%) of these Head Start staff indicated they did not meet with community service providers to discuss specific Head Start families being served by the agency. Exhibit 3-5 displays the frequency of collaboration with community agencies, as reported by the FSWs.

Exhibit 3-5
Frequency and Type of Collaboration With Community Agencies, as Reported by Head Start Family Service Workers

	Percentages (*N* = 160)			
	More than Once a Month	About Once a Month	Less than Once a Month	No Contact
Joint membership on an advisory panel or community board	3.0	28.4	29.2	39.4
Meetings to discuss general services for Head Start families	6.1	19.7	48.7	24.5
Meetings to discuss services for specific Head Start families	9.1	33.3	25.8	31.8

Head Start FSWs were asked to discuss what they perceived as barriers to collaboration with their local community service providers and the extent to which each barrier impacted their ability to work with agencies in a meaningful way. A list of the types of barriers to collaboration and how often each was experienced is presented in Exhibit 3-6. About two thirds of the FSWs reported lack of child care during class or meeting times (65.1%), a limited number of openings available to the Head Start parents at local agencies (63.6%), and inconvenient hours of operation (57.6%) as the most frequent barriers to successful collaboration.

Exhibit 3-6
Barriers to Collaboration, as Reported by the Head Start Family Service Workers

	Percentages (*N* = 200)			
	Never	Rarely	Some-times	Frequently
Limited number of openings for families at agencies	12.1	22.7	33.3	30.3
Content or focus of agencies does not match families' needs	21.2	30.3	39.4	9.1
Lack of bilingual staff	44.1	21.5	10.8	21.8
Services inaccessible or too far away	22.7	24.2	28.8	24.2
Availability of child care during class or meeting time	19.7	15.2	33.3	31.8
Schedule does not meet family needs	19.7	22.7	39.4	18.2
Lack of cooperation from staff at agencies	33.3	40.9	21.2	4.5
Cost of service is prohibitive	30.3	33.8	24.2	10.6

3.3 Procedures for Referral

Service to low-income families is a common objective for the community agencies and Head Start. Therefore, client referrals between agencies are critical for helping those families obtain the resources they need. Almost two thirds (64.1%) of all community agencies' staff reported that Head Start referred clients to them. Yet, most of the community agencies' staff reported that they rarely (22%) or only sometimes (33%) referred clients to Head Start. Exhibit 3-7 displays the methods of client referral to Head Start, as reported by the community agencies' staff.

The most frequent methods of referral used by staff at all of the community agencies included providing clients with written or verbal information about the Head Start programs (29.0%) or providing the Head Start programs' phone numbers, addresses, or locations (27.0%). Only about one fifth (19.0%) of the community agencies' staff placed a call directly to their local Head Start programs or accompanied their clients to the program. The method of referral to Head Start varied somewhat by type of agency.

The great majority of agencies, regardless of type, engaged in more passive methods of referral such as merely providing their clients with informational literature or phone numbers and addresses of the local Head Start programs. However, about one third of the agencies that provided educational services (33.3%) or provided financial services (28.4%), such as help with housing or income, also engaged in more proactive methods of referral, such as calling a Head Start program directly or accompanying clients to a local Head Start program.

Exhibit 3-7

Methods of Client Referrals to the Local Head Start Programs, as Reported by the Community Agencies' Staff

Methods of Referrals	Percentages (*N* = 200)					
		Type of Agencies				
	All	Education	Medical	Social Services	Financial	Child Care
Provide written or verbal information about Head Start	29.0	31.1	35.7	29.6	28.4	32.7
Provide Head Start phone number, address, or location	27.0	28.9	31.0	26.8	24.3	34.6
Complete a written referral (form, letter, application)	12.5	7.8	14.3	18.3	20.3	19.2
Call Head Start directly or take client to Head Start	19.0	33.3	16.7	23.9	28.4	15.4
Other	3.5	6.7	4.8	1.4	6.8	3.9

Head Start FSWs reported that almost one half (49.8%) of their referrals to community service providers entailed giving families specific information about the agency's services so they could arrange for help independently. Examples of the information provided to families included the location of the agency, the time of classes, or the name of a contact person. Only around one third (32.4%) of the Head Start referrals included arranging appointments for the Head Start families with local community service providers and less than one fifth (16.4%) of the FSWs reported that they actually accompanied the families. The majority of Head Start staff indicated they most often followed up the referrals by talking with the families (86.4%) and staff almost never (22.7%) or rarely (34.8%) received notification from the local community service providers.

3.4 Perceptions of Head Start

Many community agency staff felt that their relationship with Head Start was very important (48%) and that the quality of that relationship was positive (59.0%). However, when asked about any problems they had encountered during interactions with Head Start, or if there were areas they felt could be improved, 38.2% reported problems and 68.1% had suggestions for improvement. Exhibit 3-8 presents the five areas where community providers felt the collaboration between Head Start and their agencies could be improved, with examples in each area.

Exhibit 3-8

Suggested Area for Improved Collaboration with Head Start, as Reported by Community Agencies' Staff

Areas for suggested improvements		Statements by Agency Providers
Better communication	→	Need for more joint meetings; need to share information.
Willingness to cooperate	→	Too few referrals; Head Start not receptive to ideas; Head Start not willing to work with other agencies; Head Start is "elitist."
Improved Head Start service	→	Too few hours; no transportation; inaccessible locations; long waiting lists; curriculum inadequate.
Better trained Head Start staff or program organization	→	Weak administrative skills and organization; poor communication skills with children.
Philosophy of Head Start	→	Guidelines are difficult to understand; Head Start income guidelines are too low.

Community Agency Staff Quotes

> "They [Head Start] don't represent themselves in meetings, they are not an integral part of the child care system. I think Head Start is so comprehensive within themselves that they don't need to collaborate with anyone else. I feel that they think they are separte from other child care agencies."
>
> *--Rural Child Care Subsidy Agency*

> "I haven't encountered any problems – we cooperate to give good service to parents and kids. We work together on a regular basis to improve the quality of our services."
>
> *--Urban YMCA*

> "We have a great relationship. I've been here for over nine years and have never encountered any problems. I really can't think of any problems; we have a very collaborative relationship."
>
> *--Urban Medical Clinic*

> "It is really hard to get the person in charge at Head Start to work with you and follow through. If I call them, they won't call me back. It seems that they are always hesitant in working with any community-based organization."
>
> *-- Urban Family Service Center*

3.5 Strategies for Outreach

Identifying and engaging low-income families can be very challenging. Most agencies' staff reported using combinations of traditional and non-traditional recruitment strategies. Exhibit 3-9 presents the top ten recruitment strategies reported by the community service providers. Referrals from other agencies (44.5%) and word-of-mouth (40.5%) were most frequently mentioned as recruitment strategies. Fourteen percent of the agencies' staff indicated they did not actively recruit clients, and only 2.5% actively sought clients through Head Start.

Exhibit 3-9
Most Frequent Strategies Used for Recruiting Low-Income Families, as Reported by Community Agencies' Staff

	Percentages (*N* = 200)
Referrals from other agencies	44.5
Word-of-mouth	40.5
Distribute brochures, fliers, publications	33.0
Newspaper ads	26.0
TV/radio ads	22.5
Workshops, trainings, speaking engagements	16.5
Yellow pages	13.0
Community events	11.0
Churches or synagogues	10.5
Schools or day care centers	9.5

A study of Head Start recruitment and enrollment practices was conducted in ten of the FACES program sites in the fall of 1999 and spring of 2000 (D'Elio, O'Brien, Magee, Keane, Connell, & Hailey, 2000). Although Head Start outreach and recruitment staff reported the use of a wide variety of recruitment strategies, two main strategies emerged from focus group discussions: 1) referrals from agencies (e.g., WIC, social services, health departments, health care facilities, child care referral agencies, school districts, special needs agencies, crisis centers, food banks, agencies serving the disabled); and 2) advertising in the form of posters and flyers placed at the same local agencies or at local businesses in the community (e.g., grocery stores, laundromats, gas stations, post offices) or media buys (radio and television ads, public service announcements, advertising on buses). The next two most frequently mentioned types of successful outreach strategies were recruiting families at community functions such as health fairs, festivals, or even flea markets and enlisting Head Start families to recruit their friends, neighbors, or family. Most staff felt that word-of-mouth was very important, perhaps even their most successful strategy for identifying families eligible for Head Start. Generally, there were no differences found across rural or urban sites in the types of recruitment strategies used; however, staff from two rural sites did report that some strategies, such as advertising on cable television or referrals from local community agencies were less successful because some very remote, rural communities may not have access to cable television or have many agencies located nearby.

These strategies utilized by Head Start staff are not unlike the outreach strategies reported by the community agency providers. Agencies located in rural versus urban areas were more likely to provide information to schools or daycare centers (12.0% rural vs. 7.0% urban), place newspaper ads (33.0% rural vs. 19.0% urban), or advertise in the Yellow Pages (16.0% rural vs. 10.0% urban). Agencies located in urban versus rural locations were more likely to recruit families at community events (13.0% urban vs. 9.0% rural) or provide information to physicians, dentists, clinics, or hospitals.

3.6 Summary

The data from the community agency providers and Head Start Family Service Worker interviews have contributed to a more complete understanding of the types and frequency of collaboration between Head Start programs and the network of agencies within their communities.

Highlights from the findings of these interviews include:

- **Types of Collaboration**. Most community agencies collaborated with Head Start but the majority of the collaboration was informal, such as the referral of clients to Head Start or serving on the same community-wide committees. Fewer agencies' staff reported formal collaborations such as contractual arrangements to provide dental or health care for Head Start children, Welfare-to-Work programs for the families, or parenting classes.

- **Communication**. Even though agencies' staff reported a relationship with Head Start, most interactions were informal and did not involve regular communication. Most communication was done by phone and involved a discussion of mutual clients, shared services, or client referrals.

- **Referrals**. While most agencies' staff reported receiving client referrals from Head Start, they rarely or only sometimes referred clients to Head Start, and when referrals occurred, it mostly involved providing their clients with written or verbal information about Head Start, or the local program's phone number or address.

- **Community Agencies' Perception of Head Start**. Most agencies' staff felt that their relationship with Head Start was very important and that the quality of that relationship was positive. Yet when asked about any problems they had encountered during interactions with Head Start, many reported problems or had suggestions for improving collaboration. Agencies' staff suggested that Head Start be more willing to collaborate, increase hours of operation, provide transportation for clients, and a more challenging curriculum for children, as well as have better trained, more organized staff.

- **Strategies for Recruiting Low-income Families**. Most agencies' staff used a combination of traditional and non-traditional recruitment strategies including referrals from other agencies or word-of-mouth, not unlike outreach strategies utilized by Head Start staff. Very few agencies' staff mentioned outreach to Head Start as a way of identifying eligible clients.

Conclusions and Implications

The central goal of this project was to learn more about Head Start families. To that end, this study has explored issues faced by Head Start children and families, by Head Start programs and staff, and by the community services that assist these families. Information has been collected from a variety of sources, including interviews with Head Start parents and staff members, home visits to Head Start families, and interviews with service providers in the local communities. This section integrates some of the key findings that were presented in earlier chapters in this report as well as findings from a related project on recruitment and enrollment in Head Start. In addition, this section includes brief discussions regarding the implications of the study findings for Head Start policy makers. In many cases, Head Start programs are already addressing policy and program issues that are raised in this report.

The Changing Face of Poverty in America

Because the target population served by Head Start is families with young children living in poverty, it is important to understand the current and evolving context of poverty in the United States. Several demographic and economic trends among American families have altered the lives of children in recent decades (Corcoran & Chaudry, 1997; Hernandez 1993).

Trends in Racial and Ethnic Diversity

The ethnic and racial diversity of America's children continues to increase. According to O'Hare (2001), minority children (i.e., any group other than non-Hispanic white) accounted for 39% of the population under 18 in 2000, compared to 31% in 1990. Minority children accounted for 98% of the growth in the child population during the 1990s. The two fastest-growing groups of U.S. children are Hispanic and immigrant children. The number of Hispanic children in the U.S. has increased by 4.5 million (59%) between 1990 and 2000 and 6.7 million (119%) between 1980 and 2000 (O'Hare, 2001). By 2020, it is projected that more than 20% of children in the U.S. will be of Hispanic origin (Federal Interagency Forum on Child and Family Statistics, 2001). In 2000, about one fifth (19%) of the children in the U.S. were immigrants or children of immigrants (O'Hare, 2001; Urban Institute, 2000) compared to 14% in 1990 and 10% in 1980 (Ruiz-de-Velasco & Fix, 2000). The number of immigrant children is projected to continue to increase to over 9 million children in 2010 or 22% of the school-age population (Fix & Passel, 1994). The high rates of growth among minority and immigrant children are reshaping the overall racial and ethnic mix of children in the U.S. In addition, because minority and immigrant children are disproportionately more likely to be poor, these demographic shifts have led to increased childhood poverty among these groups.

Trends in Family Structure

Family structures of America's children have become more varied. More than two thirds (69%) of the children in the U.S. lived in married-couple households in 2000. However, children living in the U.S. are increasingly more likely to live with a single parent. The percentage of children who were living in mother-only families increased from 8% to 20% between 1960 and 1990 (Hernandez, 1993). Current data indicate that 22% of children lived in single-parent households headed by females in 2000 (O'Hare, 2001). Since mother-only families are much more likely to be poor than are two-parent families, this trend has led to increased child poverty rates. A recent trend of interest involving family structure is the multigenerational family. The 2000 Census reported that 3.9 million family households or 4% of households were multigenerational. Also, the proportion of children living with single fathers has doubled from 2% in 1980 to 4% in 2000 (Federal Interagency Forum on Child and Family Statistics, 2001).

Trends in Parental Education and Family Size

Children living in the U.S. are now more likely to have parents who have completed more years of education than in the past and to live in smaller families with fewer siblings. Recent Census data (Newburger & Curry, 2000) indicated that 88% of young adults have completed high school and 29% have received a bachelor's degree or higher. Census 2000 data also revealed that, despite increases in the number of households and the number of people in the U.S. since 1990, both the average household size (2.63 to 2.59) and average family size (3.16 to 3.14) decreased over the decade[1]. Family poverty rates have been found to rise sharply with the number of children in the family (Danzinger, Danzinger, & Stern, 1997), and educational attainment has been a strong predictor of earnings. Both trends in parental education and family size increased children's access to human and economic resources and helped to reduce childhood poverty rates.

Trends in Employment

Children living in the U.S. are now more likely to have at least one parent working full-time. Since 1990, the ability of parents to secure employment has paralleled the overall trends in employment in the U.S. The percentage of children who had at least one parent working full time all year continued to increase in 1999 to 79% (Federal Interagency Forum on Child and Family Statistics, 2001). A disproportionate share of the increase in this trend over the 1990s was due to the increase in the percentage of children living with single mothers who were employed, which increased from 33%in 1993 to 47% in 1999. Parental employment has been found to reduce the incidence of poverty and its attendant risks to children. In 1999, 88% of children living at or above the poverty line had at least one parent working full time all year compared to 31% of children living in poverty.

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[1] The average household size is less than family size because the U.S. Census includes family and non-family households (the majority of which are one person) in its calculation of household size while only including family households in calculating family size. Family households include a householder and one or more people living together in the same household who are related to the householder by birth, marriage, or adoption.

These trends help explain and give context to the challenges facing Head Start families, staff, and communities. They also help frame the discussion of the FACES findings that address the following three questions:

- Who are the families served by Head Start?
- What challenges do Head Start families face and what strengths do families possess?
- How are Head Start families involved with their children and with their Head Start programs?

Head Start Families are Diverse

Although Head Start is too often subject to stereotypic views about families in poverty, the data strongly supported the fact that there is no "typical" Head Start family. In fact, the diversity within the population of Head Start families is a defining characteristic of the program. Because programs strive to tailor their individual programs to meet the needs of particular communities, this process results in a national program that serves a broad range of children and families.

Head Start Families are Diverse across Race, Ethnicity, and Culture

This diversity was first noted in the race, ethnicity, and culture of the children. The nationally representative sample of children included strong representation of African American, White, and Hispanic groups. While diversity was seen across the three main ethnic groups, the proportion of recent immigrants within the program was relatively low. Less than one fifth of all primary caregivers were born in a country other than the United States, and only a small percentage of the primary caregivers, about 2%, reported that they had resided in the United States for less than five years. In addition, English was the primary language in a majority of Head Start homes, while just under one third of the families spoke Spanish in their homes.

Even within ethnic groups, diversity was apparent. The data demonstrated that Hispanics, as a group, were heterogeneous, diverse, and dynamic. For example, Hispanic residents of Puerto Rico, who were both the majority ethnic group in their culture and spoke the dominant language, may have had certain advantages over other groups given their ethnic- and language-majority status. Spanish-speaking mainland Hispanics had both ethnic- and language-minority status in the U.S., which may have conferred certain disadvantages on these families. While English-speaking mainland Hispanics were ethnic minorities in the overall culture of the U.S., their ability to communicate in the majority language may have afforded some protective benefits to these families. Significant variations among the three Hispanic groups in educational attainment, marital status, and income highlighted the importance of understanding the diversity among Hispanic families. This diversity is perhaps more salient in addressing policy and research questions for programs like Head Start than in seeking to understand the "typical" Hispanic family.

Head Start Families are Diverse in Family Structure

Diversity, however, extended well beyond race, ethnicity, and culture. Diversity was also seen in family structures. The range of well-represented family types included dual-parent families, single-parent families who had been widowed, divorced, or separated, and families who were blended. Reflecting the national trend for an increasing percentage of single parent families, less than one half of all parents were married, and less than one half of the children lived with both their mother and father. About one third of the parents reported being single, while almost one quarter were divorced, separated, or widowed. One third of the households were mother-only, and two or more adults (age 18 or older) were present in just under three quarters of the households. It also was noted that approximately 5% of the Head Start children lived in families where grandparents served as their primary caregivers. Almost three times that many children lived in households where at least one grandparent also resided, a figure that is much higher than the reported national trend (Simmons & O'Neill, 2001).

Head Start Families are Diverse in Educational Attainment and Employment

Head Start parents represented a range of educational levels and work status. Almost three fourths of the primary caregivers had attained at least a high school diploma or GED, and, similar to the national trends, almost 90% of the households contained at least one individual with a high school diploma or GED. Many Head Start parents had progressed beyond high school. About one third reported they had attended some college or received an Associate's degree, but less than 3% had earned a college degree or higher, a figure much lower than the national trend. Most importantly, at the time of the fall 1997 parent interview, approximately one fourth of all parents reported that they were working toward a degree, certificate, or license.

Over one half of all parents were employed in the fall of 1997, and of those who were employed, one third had full-time jobs and one fifth were working part-time or had seasonal work. In contrast, just over one fifth of the parents reported there were no employed household members. Consistent with the changes in public assistance programs, many Head Start families experienced changes in the employment status of adult members; most experienced changes in their employment status two or more times over the course of the study. Reflective in some respects of the updated TANF requirements that were implemented about the time the study started, many Head Start families had gains in employment, even though these gains did not always result in full-time work.

Head Start Families are Like Other Families

Looking at the picture of Head Start families is like looking at a coin -- there are two sides to the story. While there was great diversity in the types of Head Start families, parents from these low-income families also had much in common with each other, as well as with parents who were more advantaged. While commonalities were not evident in family type, education, or work status, many families in the study shared similar values with regards to the hopes and goals they expressed for their families and their children.

Head Start Families Have Common Hopes and Goals

Head Start parents generally held optimistic expectations for their children's early schooling experiences. Parents' hopes and goals for their children were focused on general education goals, such as learning basic skills and doing well in school. These goals included optimistic expectations about their children's future educational attainment. Most parents in the case study had specific long-term educational goals for their children, such as graduating from high school and attending college.

Most parents in the case study expressed the conviction that positive relationships within their families were a primary strength. These positive relationships were most often characterized in terms of the closeness or togetherness of their family or knowing that they could rely on one another and would take care of each other. Parents believed it was important for them to teach their children values or morals. Many also felt it was important to teach or show their children that education was important, to teach them how to behave, and to guide them and help set goals in their lives. Parents reported that they were successful or somewhat successful at teaching these things to their children and indicated they were very satisfied with their role as parents.

Head Start parents also expressed the desire to have the best for their children. In terms of trying to help them reach goals, many parents were expecting Head Start to provide an academic boost for their children. More than two thirds of parents anticipated that Head Start would help prepare their children for school and almost two fifths expected that the program would provide social interactions with other children. In fact, findings from the case study suggested that the primary reason families enrolled their children in Head Start was to benefit the children, particularly for general educational reasons.

Policy Implications

The findings noted in this report reinforce many of the policies and initiatives that have already been implemented by Head Start, both nationally and on the local level. These initiatives include program improvements in the areas of staffing, training, and classroom curricula. The diversity of Head Start families challenges Head Start staff to monitor their communities, to be responsive to the cultures of their families, and to adapt recruitment strategies as needed. Nationally, the Head Start program has recognized this need through its Multicultural Principles, while local programs are addressing diversity by recruiting multicultural and multilingual staff members, providing training and technical assistance, and implementing multicultural materials and activities in classrooms.

Improved credentials and training do not just prepare Head Start staff for the challenges of families that come to the program; they also provide the skills needed to go into the community to recruit families with the greatest needs. The changing picture of families, concurrent with changes in ethnicity, education, and work status among low-income families, requires staff to broaden their knowledge and extend their efforts well beyond traditional program activities.

For example, in the recruitment and enrollment substudy, conducted at 10 of the FACES sites (D'Elio et al., 2000), Head Start field staff noted that some parents' choices not to enroll their children in Head Start were rooted in the family's cultural or ethnic background. They noted that some Hispanic families who were recruited to the program were wary of the amount and type of documentation they needed to provide for enrollment. They were hesitant to enroll their children in a Federally-funded program because of the perceived risks to their residency status. In order for these children to come to the program, Head Start staff needed to invest a lot of time building rapport and trust with these Hispanic families, who were often new to the communities.

Head Start Families Face Multiple Challenges
Head Start Families Possess Strengths to Address Them

Low-income families encounter many circumstances that compromise their ability to improve their economic status, and Head Start works with families to address the challenges associated with poverty. Assessing and addressing risks has become a key element in the provision of services for low-income families. The expectation is that when a local program provides assistance to a family, it also is improving the developmental environment for a child.

The Kids Count Data Book (Annie E. Casey Foundation, 1999) annually details specific risks encountered by low-income families across the nation. This source compiles data on six particular family characteristics that impact child development and well-being. The six characteristics or risk factors are:

- The child is not living with two parents;
- The household head is a high school dropout;
- The family income is below the poverty line;
- The child is living with parents(s) who do not have steady, full-time employment;
- The family is receiving welfare benefits; and
- The child does not have health insurance.

Head Start aims to serve the neediest families, who face many of these multiple risks. In the recruitment and enrollment substudy, Head Start recruitment staff reported that they often targeted single-parent families, families that were low functioning, and families who were at high risk. In many cases, families had more than one of these concerns.

Among FACES families, the most likely risks were being from a household that had an income below the poverty level, experienced by two thirds of the families, and being from a single-parent household, which affected just over one half of the families. None of the other risks were reported by more than one third of the families. More critically, however, one fifth of the families were identified as having four or more of the risk factors. Recent research has noted that multiple occurrences of selected family risk factors predict negative outcomes for children (Huston, McLoyd, & Garcia Coll, 1997; McLoyd, 1998; Vandivere, Moore & Brown, 2000). Children in these families were considered to be at risk for developmental problems. In FACES, parents from families with four or more risks were more depressed, had less social support, and a more external locus of control, while their children scored lower on emergent literacy.

Too often neglected is the fact that even at-risk families have opportunities to draw on their own strengths to face these challenges. Head Start families face adversity familiar to many low-income families. While many of the families were described in the case study narratives as relatively stable, they still faced multiple challenges that reached across several areas of their lives, including employment status, health, child care, household membership, and relationships with significant others. However, findings from the case studies also provided opportunities to see the resilience and strengths of these families that often surfaced in the face of their harsh, daily realities. What may represent a strength for one family may actually increase risk for another. As many Head Start staff know, the true interpretation of what is a challenge versus what is a strength must be based on knowledge of each particular family, an issue that will be addressed in the policy implications.

Head Start Families Have Challenges in the Home

The study findings suggested that the structure of a household has important implications for child and family resources and outcomes. In this light, it is interesting that children lived with both a mother and father in less than one half of the households, and that in one third of the households, the mothers were the only adults living with the children. As identified above, single-parent families are a growing trend among low-income families in the U.S. and represent an important risk category identified by Kids Count (Annie E. Casey Foundation, 1999).

Many households had a dynamic structure. From fall 1997 to spring 1998, two fifths of all families indicated that someone either entered or left their household. The importance of household structure was noted: Changes in child outcomes were associated with household changes. For example, when key males (fathers, stepfathers, foster fathers, grandfathers, or a male spouse or partner of the mother) left the household, monthly income decreased and mothers were more likely to report their children's behavior as aggressive. Curiously, a similar finding regarding aggressive behavior was seen when key females (mothers, stepmothers, foster mothers, grandmothers, or a female spouse or partner of the father) entered the household.

Having fathers in the home was generally considered a strength for families. Even where this was not possible, there were important benefits for families just by having fathers who were active in the raising of their children. Given that fathers lived with their children in only 44% of the households, this is an important finding. While the involvement of fathers certainly benefited their children, benefits of father involvement extended to mothers and other family members as well.

Strengths and challenges also arose in households where grandparents served as the primary caregivers for the Head Start children, a situation that occurred in 5% of the FACES families. When grandparents were caregivers, households seemed to be better-off economically and had less exposure to violence, but the challenges included increased reports of child problem behavior and lower caregiver participation in Head Start activities. Almost 15% of the households contained three-generational families, a configuration that coincided with increased levels of activity with children by other (non-parent) household members.

Head Start Families Have Economic Challenges

In terms of the economic challenges that Head Start families face, low income is predominant. Having an income at or below the Federal Poverty Level (FPL) is the first eligibility requirement applied to families during recruitment and enrollment into Head Start. At the time of the baseline data collection, two thirds of the families had household incomes that were below the FPL. While this is a smaller percentage of families than was initially expected, this percentage likely reflects advances made by some families from the time of their enrollment into the program, particularly in the era of welfare reform. Also, this study collected data on household income (rather than family income), a figure that likely included resources that were not considered by Head Start for eligibility. Even with limited economic resources, case study parents felt they were able to meet many of the families' basic needs, but they also reported that their financial resources did not always provide them with the ability to give their children items that they wanted or to buy things for themselves.

Employment was an issue for many families, for even though more than one half of all parents were employed in the fall of 1997, about 20% of the households had no employed members. The fact that two thirds of the parents had no more than a high school education at the time of the baseline interview, and that less than 3% actually had a college degree, limited the types of opportunities available to most Head Start parents. It was encouraging to find that in the face of the challenge provided by limited education, about one quarter of the parents reported that they were working toward a degree, certificate, or license at the time of the baseline interview. As noted above in the description of the changing face of poverty, improved education and training serves to strengthen families facing economic challenges.

Head Start Families Have Environmental Challenges

One interesting area explored in this study was the investigation of how families perceived their neighborhoods and what neighborhood and home environments contributed to the lives of Head Start families. Some of the most striking findings were related to parents' reports regarding exposure to violent and nonviolent crimes in their neighborhoods and homes, both for themselves and for their children. While more than one quarter of the parents reported seeing nonviolent crimes in their neighborhoods, almost one third reported seeing violent crimes near their homes. Almost one quarter of the parents knew individuals who were victims of violent crimes in their neighborhoods. Even many Head Start children were reported to have been exposed to crime and violence. About one fifth of the children were reported to have witnessed crimes or domestic violence in their lives, including 3% who had actually been victims of domestic violence or crimes.

Whether in the home or in the neighborhood, the reality of violence was very close for many of the Head Start families, and in turn this was associated with specific child and family outcomes. Exposure to neighborhood violence negatively impacted child behavior, even in children as young as 3 and 4 years old. A relationship was also found between exposure to violence and parental depression. Parents who lived in more violent neighborhoods were more depressed and more likely to report that their children had behavior problems. The findings suggested that exposure to violence has both direct and indirect negative consequences for the children and families. Other factors, such as maternal depression, may serve as the mechanism through which exposure to neighborhood violence leads to problem behavior in children.

Another challenge that many families faced was having a family member with current or previous involvement with the criminal justice system. Nearly one fourth of the parents reported that they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of the Head Start child. Almost one fifth of the parents indicated that someone in their family had spent time in jail. Children from families who had involvement with the criminal justice system were almost five times more likely to have been exposed to violent crime or domestic violence and four times more likely to have been a victim of violent crime or domestic violence. In addition, more than one third of the parents acknowledged having firearms in their homes.

While this information paints a rather bleak picture for Head Start families, the case study found evidence for a more positive outlook regarding living environments. A majority of Head Start families indicated that they felt their neighborhoods were good places to raise children and had positive characteristics. For example, over one half described their neighborhoods as quiet or peaceful, free from crime and drugs, with friendly neighbors who were helpful and trustworthy. Additionally, findings from the main study suggested that being involved in and having a positive experience at Head Start may serve as protective factors against exposure to neighborhood violence.

Head Start Families Have Health Challenges and Support Systems

Many low-income families faced a number of risks to the health of their members. For example, almost one half of the Head Start children lived in households containing at least one smoker. Although the parent interview did not inquire about health services utilization, most parents in the case study reported that someone in their families had experienced a physical illness during the study period, often two or more times over the course of the study. About one third of the illnesses in these samples were serious enough to require hospitalization.

Fortunately, when medical services were required, almost all of the parents reported that they and their children had regular health care providers for routine medical care. Medical services for Head Start families were most often provided at a doctor's office or at a private clinic, and 80% had private health insurance or Medicaid coverage. Almost all of the parents also noted that their children had received dental care, usually at a private dentist's office. Even when 20% of the children had not visited a dentist prior to the fall 1997 interview, the majority had received dental care by the following spring, typically without assistance from Head Start.

With regards to mental health, depression has been found to be a serious problem for low-income women. Close to one third of the parents in the FACES sample were classified as moderately or severely depressed. Mothers living without the children's fathers in the home more often reported being depressed than those who had the children's fathers present in the home. Most parents in the case study experienced some level of depression at least once during the course of the study.

The effects of depression included the findings that parents who were more depressed reported greater need for and use of social services, were more likely to report an external locus of control, reported less social support, reported a lower household income, engaged in fewer safety practices, and participated in fewer activities with their children. Parents who were more depressed were also more likely to report that their children had problem behavior, including aggressive, hyperactive, and withdrawn behavior. Conversely, less depression was associated with reports of increased positive social behavior and emergent literacy. As noted earlier, maternal depression may serve as the mechanism through which exposure to neighborhood violence leads to problem behavior in children.

In light of the number of Head Start parents suffering from some level of depression, the availability of social supports for raising children takes on heightened importance. Across three types of support (parenting advice, help with household tasks, and having someone to confide in), case study families most often received support from extended family members, and most of these families reported having at least one person in their social support network for each type of support. Unfortunately, not all families shared this type of resource; over 30% of families indicated that they had no one to give them help with household tasks.

The finding that Head Start families received social support is important. Even at the beginning of the school year, Head Start served an important role in this area: Almost all of the parents reported that the local program staff was helpful to them in raising their young children. In this case, families recognized that there are strengths in the people around them, such as the Head Start staff, and made use of this support and expertise. More about the relationship between programs and families is covered in the next part of this section.

Policy Implications

As noted above, risks are present in the lives of many Head Start families, including having a household income below the poverty line and having a single-parent household. However, the presence of multiple risks raises serious concerns for these families. The implications of this touch two areas of program practice and policy. The first area is policy directed at families and family services. The study findings highlight the need to consider the strengths that families have as well as the challenges families encounter. This emphasizes the importance of the family assessments and the subsequent Family Partnerships that are generated from the assessments. From the recruitment and enrollment substudy, it is apparent that staff members do understand the value of the assessment, and the potential value to be gained in understanding how individual families operate. Staff also know to target particular family risks or presence of multiple risks during the recruitment and enrollment activities, in an attempt to bring into Head Start the families in greatest need of services.

The recent increase in emphasis on literacy programs, including programs for parents, has important implications for helping parents to draw on their strengths, by continuing education and gaining or improving their employment opportunities. Training topics for families often incorporate other areas in which challenges arise. For example, family training regarding physical and mental health issues may be beneficial for parents who are facing these challenges.

In addition to policy directed towards parent training, Head Start has already begun to consider the implications of the changing populations for their own staff. Many of the risks presented represent areas that parents often do not recognize themselves. Head Start staff training must assist staff in the task of identifying the challenges families face and the strengths they bring to address these challenges.

Critical here is the selection of staff to work most directly with families on these issues. Often the front line staff of Head Start who address family issues are the Family Service Workers. Unfortunately, they often have the lowest level of education and are among the poorest paid of the staff. When staff are entrusted with the task of steering families through delicate or stressful situations, they must possess the skills to know how to steer families in the right direction. In this case, providing Head Start staff that are well-trained and appropriate for the task may have great implications for the Head Start families.

Head Start Families Are Active with Their Children and with Head Start

Head Start's mission includes promoting the work of parents in their role as the primary nurturers of their children. The Program Performance Standards (ACYF, 1998c) direct local programs to build Family Partnerships as a means of assisting parents with the task of involving themselves in the lives of their children. Parent involvement means both engaging in home activities with their children, such as reading, playing games, and doing chores with them, and assisting parents in becoming advocates for their children. In order to meet this goal, programs are helping parents become involved in all areas of child development as well as with local schools and communities. The discussion below is centered on how parents are actively involved with their children and with the program.

Parent Involvement with Children is Crucial

The FACES data support the notion that parents' involvement in activities with their children has a number of positive consequences for families. Activities with children were identified as coming from different sources: Various family members may read to a child or engage a child in some type of routine weekly or monthly activity. Family activities with children were associated with positive child outcomes. Families who were more actively involved with their children reported that their children had more positive behaviors and fewer problem behaviors, including aggressive and hyperactive behavior.

The household structure has been associated with outcomes for the family members, including involvement in activities with children. For example, children who were living in households where a grandparent was present had higher levels of total and monthly activity with non-parent household members. When families had key males enter their households, there were significant increases in total child-oriented activity. Increases in weekly family activity with the Head Start children were evident in homes where key females left during the year.

With a closer look at the effect of variations in household structures, FACES provided an opportunity to learn about the involvement of fathers and Head Start children, whether or not the fathers lived in the home with their children. The salience of this issue is that less than one half of the children were reported to live with their fathers, and the findings showed that the benefits of having a father available to the children were clear. As expected, fathers who lived at home engaged in more activities with their children than fathers who did not live in the home. Mothers were more active with their children when fathers were not in the household, regardless of how available the non-household fathers were to the children. Fathers who were more active with their children were also more helpful to mothers in raising their children. In situations where non-household fathers were less involved, other household family members and non-household family members seemed to compensate by engaging the Head Start children in more activities.

The broader consequences of having a father in the household went beyond simple activity with the children to affect the entire household. For example, the use of discipline, both time outs and spanking, were more likely to occur when fathers were not present in the homes. Families who received TANF were more than four times more likely to have the father living out of the household than families not receiving TANF. Families with non-household fathers had the greatest need for and use of community services. Of critical importance for our understanding of the importance of fathers, children who were identified as witnesses of violent crime or domestic violence were more than twice as likely to have a non-household father, while children who were reported to have been victims of violent crime or abuse were nearly four times more likely than children who were non-victims not to live with their fathers.

Families Benefit from Program Involvement

Most parents were active in the program, and, along with their strong desire to be involved in their children's education, seemed to value and know that there were benefits that came with program involvement. About one third of the case study parents focused on child-related consequences of their involvement, noting that it helped their children, their children enjoyed it, or that it was meaningful to their children to have their parents participate in activities at their schools.

Program involvement also helped parents stay informed about what their children were learning and experiencing. Most of the case study families reported they were invited to participate in Head Start activities, that they had participated in many of these activities, and that they were very satisfied with the Head Start activities in which they participated. Through routine volunteer activities, parents were brought to the centers where they could be involved with their children as well as with other families and staff; they could also develop job skills, parenting skills, and social skills.

The study data showed that the parents who were most involved with their local programs became less depressed, felt a greater sense of control over their lives, reported increased social support and monthly household incomes, and they increased their use of household rules from the beginning of the Head Start year. They also increased the amount of activity they did with their children from the fall to the spring. Although parents with moderate and even low levels of program involvement showed positive gains in some of these areas, unlike the more involved parents, they showed almost no increase in the amount of activity they engaged in with their children.

Despite parents' best intentions, not all were able to participate at the level they would have liked. The case study provided many examples of families who highly valued participating in Head Start, even when faced with common barriers such as work and school commitments, the need for childcare or transportation, and health problems. One mother, in particular, who faced such personal hardships as serious health problems, alcohol abuse, depression, and suicide, exemplified this commitment. Despite her challenges, she participated in many Head Start activities. She felt that involvement with the program helped her to fulfill the goals she had for her son and enhanced her role as a parent. She even credited her involvement at Head Start with helping her to manage her emotional problems.

Parents felt that Head Start helped their children with academics and through social interactions with other children, as well as with adults. Although parents generally indicated that they came to Head Start to help prepare their children for school, by the end of the school year, many parents reported that Head Start had helped their families in ways that were not expected. For example, compared with what parents had expected in the fall, by spring 1998, more than twice as many parents reported that Head Start had helped their children with independence, developing good habits, and improving manners. Unfortunately, parents were much less likely to initially expect benefits for themselves or their families from the program. Almost one fifth of parents did not believe that Head Start could help them. However, by the end of the school year, parents also reported unexpected family benefits, including improved communication skills, better use of discipline, and greater social or emotional support.

The majority of the Head Start staff maintained that the main benefits of Head Start for children were improved interactions with other children and adults and school readiness. Staff in rural programs and in the Southern region of the country were more likely to emphasize the social benefits of the Head Start program for children, while those in urban areas and in the Western region were more likely to highlight academic benefits. In terms of goals for families, staff suggested that the critical issues were to teach parents about child development and parenting and to inform parents about their own child's development.

When asked to give their impressions of what the program did for families, Head Start administrative and field staff who participated in the recruitment and enrollment substudy reported that Head Start offered education and socialization opportunities as well as a quality, first educational experience for young children. They also felt that Head Start provided experiences that enhanced the personal growth of enrolled families and ranked parent education and job training high among benefits that the program provided, even though only 1% of the parents who were interviewed during the main study said that Head Start had helped them with education or job training.

Families Are Very Satisfied with Head Start

A recent national survey reported that Head Start received the highest customer satisfaction rating of any government agency or private business (President's Management Council, 1999). Similarly, almost all of the FACES parents had very positive feelings toward their children's and their own experiences at Head Start and felt that the program was meeting the needs and goals of their children. In-depth conversations with the case study families yielded the following insights. Families liked Head Start's emphasis on academics, felt that their children were learning, and believed that the program was preparing their children for kindergarten. Most importantly, they were satisfied with the emphasis on the total child, including their physical, social, and behavioral development. A majority of parents indicated that their children enjoyed Head Start or that they were excited about going to Head Start each day. Most parents also suggested that their children enjoyed Head Start because they liked the opportunity to be with friends and play.

Parents from the main sample who were more satisfied were also more involved in program activities. Employed parents were less satisfied than non-working parents, although it was noted earlier that employed parents were also less involved with the program. Parents who reported that their children had a disability were also less satisfied with the program than parents who did not have children with a disability. In centers where staff reported greater use of parents as home visitors or workshop leaders or where parents prepared newsletters and assisted in curriculum planning, the parents reported greater satisfaction and more positive experiences with Head Start.

Unfortunately, about one third of the case study families expressed concerns with some aspects of Head Start and felt the program was not meeting the needs and goals of their children. Most of these parents wanted a greater emphasis on academics, and suggested that their children were not being prepared for kindergarten. They also expressed concerns with Head Start staff or service-related issues, such as the hours of program operation or the enrollment policies of the program.

Parents participating in the recruitment and enrollment substudy commented that they felt the traditional Head Start model of part-day or half-day sessions no longer met their needs, and that was why they chose not to enroll their children in the program. While many of these parents generally held positive opinions of Head Start and believed the program did a good job of providing socialization experiences for children, others felt that Head Start sacrificed education for socialization. The consensus opinion of one focus group of parents was that once the children moved out of preschool into kindergarten, they were negatively labeled as "Head Start" children – synonymous with unprepared – by the public school system.

These concerns were also reflected by the main sample when asked about suggested program improvements. The top four suggestions were to extend the program hours or have longer days, to have a greater focus on academics and school readiness, to provide more transportation options, and to improve the facilities like the playgrounds or classrooms. Despite these concerns, almost one half of the parents indicated that Head Start did not need to change or they were already satisfied with the program. For staff, the single most mentioned program improvement was to find methods or strategies for getting additional parents involved in the program and with their children.

Policy Implications

Head Start must continue its role of promoting parents as advocates for their children and for themselves. It is clear that although staff work hard to include families, this is their greatest struggle. The changing dynamics of families, as well as opportunities for work in the recent economic atmosphere, can create enormous difficulties for low-income families. Additional program initiatives that are underway to promote child involvement with other family members, such as grandparents and males (fathers), are an important step to continue in the effort to promote positive developmental environments and outcomes for children. More functional issues, such as limited ability to provide transportation and a center's hours of operation, are currently being addressed within many programs, although resources are still limited in terms of providing resolutions in some areas. Continuing to promote the role of parents in planning and decision-making at the local level is another way that Head Start can be sure it is making its best effort to assist the changing needs of its families.

A recurring theme for Head Start is the recommendation to improve integration of program services with those in the community. The findings presented in the community agency section suggested that, at least in some communities, this is a goal that is still being worked out. Increasing opportunities for families to participate in community level functions help to build parents' advocacy skills. Conversely, bringing parents and community services together also helps improve the awareness within the community of the needs of Head Start families in particular, and low-income families in general.

In terms of Head Start's outreach efforts, program staff must continue to promote Head Start's ability to assist families by offering a full range of the benefits that can be reaped through program participation. Both FACES and the recruitment and enrollment substudy indicated that parents were not always aware of the ways in which Head Start might help them.

Future Research Directions

It is clear that the descriptive aspects of FACES have provided updated and needed information on what is an evolving picture of Head Start families. The addition of a father survey, as well as a greater focus on family functioning, certainly indicate that the FACES 2000 data collection will be a significant advance on this effort.

This descriptive study of Head Start families had two, clear methodological strengths. The study provided new findings on the developmental and ecological contexts in which Head Start children lived, and it was done using a mixed-method approach. While the emphasis on these two aspects has yielded valuable data, there are potential benefits of continuing this blend of focus and approach. In terms of learning more about the developmental and ecological contexts of Head Start families, future studies should consider becoming more targeted. For example, while FACES provides a rich picture of the program nationally, there are important components of the Head Start population that seem to need additional study. This includes special populations, such as American Indians and Alaska Natives and Migrant families. While these two populations were represented among the study sample, Head Start programs that were specifically set up for these groups were not included in the overall FACES sample. The FACES findings also suggest that further investigation into the functioning of varying family types, including non-traditional families such as grandparent-led households, will be fruitful.

Furthermore, in looking at specific groups or types of families, the focus should be increased on assessing family and individual strengths. The qualitative case study made clear that while the research often focused on challenges families faced, many of these families demonstrated great resilience in the face of these challenges. While research on challenges helps to highlight areas in which families need support, including a focus on strengths may help illuminate successful strategies for addressing these challenges.

Important developmental and ecological contexts that FACES began to investigate are community and neighborhood environments, and further work along these lines is encouraged. The ability to link Head Start families to secondary sources of data, such as census data at the neighborhood level, will be important for assuring that Head Start services are appropriate, and should also facilitate both Head Start recruitment efforts and strategic planning so that Head Start is always prepared to meet the changing face of poverty.

Methodologically, Head Start will continue to benefit from the application of varied data collection approaches. This report, particularly the case study and the recruitment and enrollment substudy, are excellent examples of how a qualitative approach can provide depth to better understand th findings of the more standard quantitative approach. As a follow-up to the FACES case study, future ca studies could extend this methodology beyond the family to the program, and encompass the families, staff, program components, and community that are associated with each program. The inclusion of secondary data sources, such as in proposed community and neighborhood level work, will extend the usefulness of the study findings.

Perhaps most important is the need to continue collecting, analyzing, and reporting national dat on the children and families served by Head Start and on the programs that strive to meet their needs. Regular, ongoing national data collection can serve as a kind of surveillance system of the dynamic population of families that comes to the Head Start door, of the professional development needs of the staff that serve them, and of the best program practices to ensure a brighter future for these families and the children they entrust to Head Start's care.

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